

CHEMIST & DRUGGIST

The newsweekly for pharmacy

September 14, 1985

a Benn publication



Reports and pictures

Baroness and president back retail pharmacy

C&D profiles new PSGB registrar

November 1, new 'Regs' deadline

Rowlands: 175 years service

PAC becomes BPA (UK) Ltd and tops a 1,000

OTC ethicals: a challenge for home medicines

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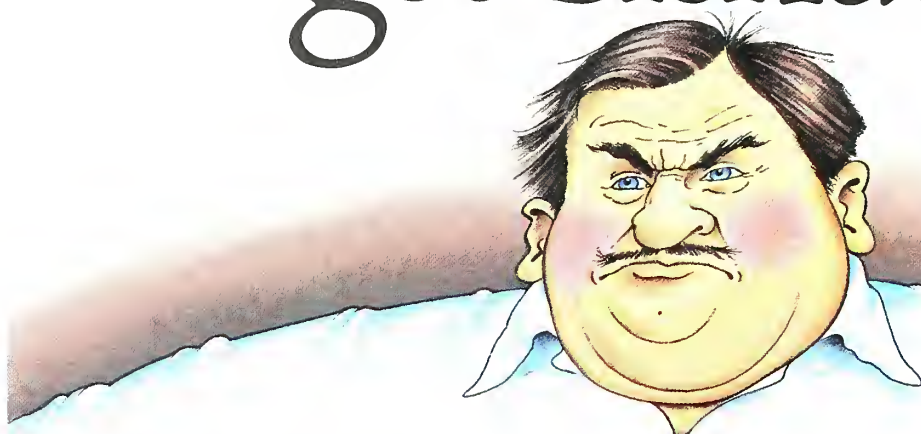


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CHEMIST & DRUGGIST

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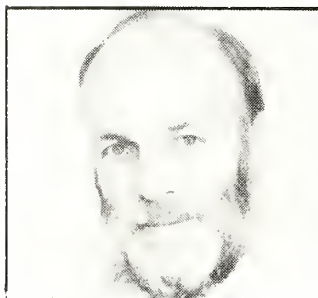
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COMMENT

Both the Govern-
ment and the pro-
fession must have
been hoping that
the Leeds BPC Conference
would be crowned by news in
the pharmaceutical Press that the
new contract Regulations had
been laid in time for
implementation on October 1.
That is not to be and November 1
is now the fresh target date.
Perhaps now that the heat is off
and Mr Clarke is out of the
kitchen, Barney Hayhoe's latest
recipe can evolve from a pot-
boiler to a *cordon bleu* dish.

Baroness Trumpington as
Lady High Substitute did both
Conference, the Department
and herself proud at the opening
session as Mr Clarke's
replacement. How delightful to
hear a Government spokesman
tell community pharmacists:
"There are no conflicts between
the needs of a successful
businessman to satisfy customers
and the ethics of public service."
No one in the profession would
distance themselves either from
her view that the public has a
right to decisive and skilful
management for NHS service or



Editor John Skelton

from her tribute to the profession
for the "greatest courtesy,
kindness and helpfulness" she
has always found in pharmacies.

For her a major contract plus
is that "for the first time the
public need for NHS services
becomes a major influence on
the location of new pharmacies."
And, in an effort to allay the fears
of the Company Chemists
Association and the new BPA,
she says the new contract will not
abolish competition, ossify
distribution or introduce much
conflict between public need
and a new contractor's
commercial interest. We hope
she's right and believe she may
be. But PSGB president Dr
Geoffrey Booth wonders if the
price the profession is paying for

some control of entry will not be
too high. That was the only
negative thing he said.

He told pharmacists to stop
searching for a role — they had
one and discharged it with
honour. He called on the
profession to scrap its inferiority
complex and in-fighting and be
loyal to itself, co-operating to
present a united front. Amen!

The national Press seems to
have picked up on Dr Booth's
belief that some natural and
alternative medicines are high-
priced junk with potential safety
problems. Good! What a pity the
Baroness used the occasion to
give her blessing to parallel
importers. Just because it
happens to suit the Government
to pay less on the drugs bill it
does not mean that the public is
no longer at risk from such drugs
even though the PL(PI) system is
hiccuping along a little more
vigorously. No doubt pharma-
ceutical wholesalers will be con-
cerned by her attitude. Business
is business, but some business
can damage the
nation's health and
the profession's
image.

Government backs wider role if it is cost-effective

"The profession and the business of pharmacy is going through a crucial period and the Government is keen to ensure that so important a part of our health profession can respond to health and economic challenges," Baroness Trumpington, the Government's health spokesman in the Lords told the opening session of the Conference. In a speech that indicated Government support for a wider role for chemists provided the services supplied were cost-effective, she said the Government was looking forward to the introduction of the new contract. "It will make 1985 a milestone year for community pharmacy."

"There is no conflict between the successful businessman's need to satisfy customers and the ethics of public service," the Baroness said. "I am not trying to belittle the obvious importance of your hospital and academic members if I say that combining business motivation with public service is a great strength of the pharmaceutical profession."

The public have not only a need, but a right, to the attention and services for which they pay, and a right to have delivered skilful and decisive management. There must be avoidance of waste, but also with the requisite attributes for the care of patients, said Baroness Trumpington. "Personally, I have never yet entered a pharmacy where I was not treated with the greatest courtesy, kindness and helpfulness, and I pay tribute to you all."

The total cost of pharmaceutical services is rising towards £2 billion a year and is increasing faster than other costs. New medicines are improving the quality of patient care and these benefits must be set against the high cost. Benefits to customers were considerably in mind in the new contract negotiations, she said. "One never satisfies everyone, but our first aim has been to protect the public interest as taxpayers and consumers, and to reconcile the not always total community interests within pharmacy itself."

The Baroness listed the main advantages the Government felt the new contract would bring. First, a better system for settling costs and remuneration, avoiding the cumulative arrears which have been such a source of friction; and second, improving the rewards available to efficient contractors while at the same time giving enhanced support to essential

small pharmacies to ensure that sparsely populated areas are assured continuing access to services.

Rational distribution was an important innovation, though not to the point of over shadowing the other changes, she said. "The improvement of the NHS must be to provide efficient service for the sick. An excessive supply of services has no useful purpose... but it does put up NHS costs."

The new contract would achieve a more sensible distribution of services in areas which have recently become overcrowded, she said. Pharmacies have little direct influence on the amount of the NHS dispensing. The new arrangements will give greater stability, and mean that, for the first time, the public need for NHS services becomes a major influence on the location of new pharmacies.

"This is not a rigid, central plan or scheme. We have deliberately put the emphasis on local needs and local decisions. I should be surprised if the conflict between the need for public service and the commercial instinct of pharmacies wanting new NHS contracts, turns out to be as great as some fear.

'Competition would remain'

"This Government would never wish to interfere with private enterprise and we are not doing so now. The issue is about contracts to provide a public service, and how to avoid the cost of excessive provision. "The scheme will not exclude new pharmacy openings or relocation. It will not ossify the present distribution and it will not abolish competition," she assured the Conference. Competition in all the most important features of the retail market would remain.

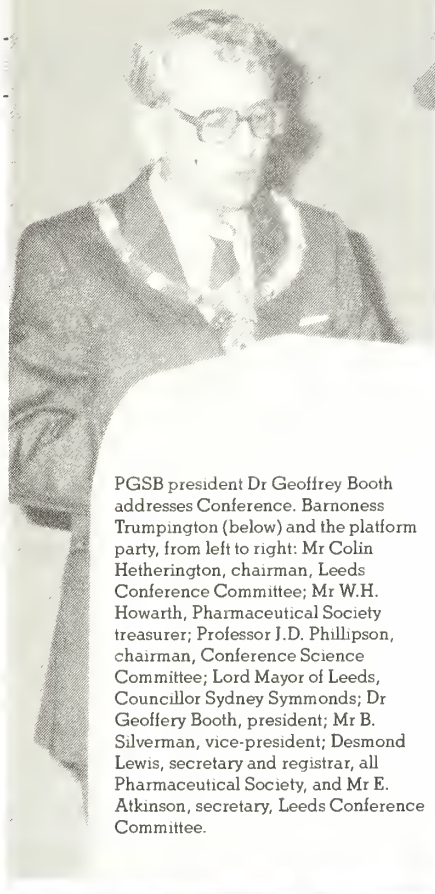
Such competition may increase, particularly in relation to professional standards and service. The final feature of the new contract paves the way for developments in the professional area. This is speculative, because no one knew what would emerge from the Nuffield Inquiry, Baroness Trumpington cautioned. "The Government has already made it clear that it wants to make the maximum use of a pharmacist's qualifications, and in the contract negotiations we committed ourselves to a prompt approach to the issues that Nuffield is bound to raise. We shall never be able to approach any health care issue without considering costs and practicality; but we have already earmarked savings from the new contract to finance progress on the profession's role, once there is agreement on the way ahead."

A significant event this year was the introduction of selected list prescribing. Faced with an ever enlarging drugs bill steps had to be taken to control it, the Baroness said. There were some initial difficulties with its operation but the introduction of such a novel measure was accomplished smoothly and it had been running successfully. The Government appreciated the expert contributions from pharmacists to the success of the policy, she said. "Just as we appreciated the role of all community pharmacies in its satisfactory implementation."

There is more that can be done to achieve cost-effectiveness in the use of medicines in the NHS, and the Government has sought to encourage effective prescribing by a variety of means, the foremost of which is the new-style BNF, said Baroness Trumpington. She paid tribute to "the contributions" of pharmacists in editing and publicising BNF, in developing Martindale, and in the drug information services in the NHS.

As sponsoring department for the pharmaceutical industry, the DHSS was aware of the importance of the NHS market to the industry's future success. "There can be conflict between our sponsorship and the need to contain expenditure," she acknowledged. "Only recently we were widely criticised for allowing prices which were too high. Now the industry feels strongly that we are pressing too hard on prices and profits. Only in utopia would the balance be perfect. In discussions with industry there is bound to be an emphasis on fair levels of profit. But we shall show a full understanding of the industry's need for stability."

Recent advances in drugs, and the way in which they have been publicised by the popular media, has created an unrealistic expectation. There is increased pressure



PGSB president Dr Geoffrey Booth addresses Conference. Baroness Trumpington (below) and the platform party, from left to right: Mr Colin Hetherington, chairman, Leeds Conference Committee; Mr W.H. Howarth, Pharmaceutical Society treasurer; Professor J.D. Phillipson, chairman, Conference Science Committee; Lord Mayor of Leeds, Councillor Sydney Symmonds; Dr Geoffrey Booth, president; Mr B. Silverman, vice-president; Desmond Lewis, secretary and registrar, all Pharmaceutical Society, and Mr E. Atkinson, secretary, Leeds Conference Committee.

Important for pharmacy to present 'a unified front'

There is no need for any soul searching on pharmacy's part and no need for a desperate search for any imagined role, the Pharmaceutical Society president, Dr Geoffrey Booth, reassured the Conference during Monday's opening session. "Any uncertainty or hesitancy and any professional inferiority complex is groundless, without foundation," he said. "Studies have shown the high regard attributed to pharmacy, both by the community and other professions."

The Green Paper on primary health care and the Nuffield Report, expected at the end of the year, would be carefully scrutinised by the Council and might help to iron out some of the profession's problems, the president said. "If that is the case we shall be pleased, but our fundamental base is sound and unchallengeable."

"Ours is an honourable, splendid profession which can claim with pride that it has done all that society could expect of it. It has discharged its part and duty in the care of the sick and in the control of modern complex drug therapy. It richly deserves its reward in prestige and in both practice and financial support. On our part, as president, I know the membership will continue to maintain, cherish and further their contribution to health care."

Earlier Dr Booth had warned there would be many predators on the profession. "This makes it all the more important that the profession maintains a strictly cohesive unity," he said. "I am asking all members of the Society, and particularly those who direct the policies of the many sub-groups within the profession who generate professional loyalty, to achieve a spirit of co-operation and to ensure a united front."

Dr Booth said it was the Society's opinion that the contract should be, and could only be, with a pharmacist. The new contract provided for some control on entry. "For that advantage, for which all have been pressing, we were prepared to pay a price. It is the amount of the price that concerns us; it will be impossible to evaluate the cost, or indeed the advantage, until the contract is implemented."

Turning to hospital pharmacy, Dr Booth maintained that Government pay policy had steadily eroded the salary structure and career prospects of pharmacists employed in the health service. The worst effect had been on recruitment into the basic grade. Something must be done to update the level of hospital pharmacists' salaries generally, he insisted, adding that some means of continuing recruitment must be found if the service to patients was not to suffer.

He added that the possible outcome of the Griffiths re-organisation was also of great concern. "If the size of the organisational operation is reduced to a point at which it becomes impossible to

continued overleaf



from the public to have either more medicines prescribed for them or to have an increased range available. The public interest has turned to alternative medicines — principally herbal and homoeopathic remedies which were around before the Medicines Act. "Times have changed yet there is growing consumer demand for alternative medicines," Baroness Trumpington observed.

If people were not getting some relief or comfort from these products they would not buy them. We must accept that alternative medicines are here to stay and a watchful eye is needed to ensure that the taking of any medicines over a long period does not prevent the seeking of conventional medical advice when needed."

In the alternative medicines community there is concern that the requirements of the Medicines Act will remove all herbal and homoeopathic products from the market. "This will not happen under this Government. It is not our intention to use the Act to restrict the general availability of these products," Baroness Trumpington said.

Another issue of concern to many had been that of parallel imports. "The imports cannot be impeded because it would be contrary to our EEC obligations," the Baroness said. "If the necessary licensing requirements are made, a useful contribution to the control of medicines cost in the NHS can result."

In the 15 months since the PL(PI) scheme was introduced there have been over 1,950 applications of which about 45 per cent have been determined and over 300 licences granted. The Department hoped to clear the back-log of outstanding applications by the end of the year. However, Baroness Trumpington would not predict what effect, if any, the entry of Spain and Portugal into the EEC might cause on further applications.

She said that every application was most carefully assessed and if there was any evidence of therapeutic differences from the product normally marketed, a licence would not be granted.

Baroness Trumpington concluded by wishing the out-going secretary and registrar of the Pharmaceutical Society, Mr Desmond Lewis, her best wishes in his retirement.

Continued from previous page

maintain the specialist pharmacy staff who provide the current wide range of service, many of the advantages and motivations will be lost."

Dr Booth went on to deplore the "disgraceful and discriminatory" erosion of academic pharmacists' salaries. There could only be a profession of pharmacy in the future if the brightest entrants were recruited into teaching, he warned. "The career must be made as attractive as any other career in any other branch of pharmacy."

Those that follow us must be taught by the best and most dedicated, and their services must be obtained without the expectation of financial sacrifice on their part."

Over the past year a decision had been made to close one school of pharmacy and all had suffered from financial cuts. Dr Booth hoped that pharmaceutical education would now be left to lick its wounds and re-plan for the future. "I am gratified to say that we had an indication from the chairman of the University Grants Committee that that is so," he said. "However, there will be battles within universities and technological institutions for a share of the limited and shrinking resources available."

Turning to natural and alternative sources of medicines, Dr Booth insisted that something must be done to protect the public from exploitation by manufacturers. "It is unreasonable that science should be avoided and obscuratism used to persuade an unsuspecting public to buy and consume high-priced junk. Is it enough to excuse the practice by saying that, 'If the idiots want to buy it, then let them take it'?" he asked.

The Society's Council, at its August meeting, considered the Hansard Report in which Baroness Trumpington had said: "...we wholeheartedly support the freedom of the individual to seek the benefits of alternative medicines and therapies. It is not our intention to use the Medicines Act to restrict the general availability of alternative medicines." Dr Booth commented: "I submit that such a policy does not fit the intention of the Medicines Act 1968, the legislation or the legislators."

"It is ironic that the tragedy of thalidomide, which catalysed the Medicines Act, is being quoted as the justification for natural and alternative medicines. The fallacy is advanced that, because these medicines are not manufactured but are derived from natural sources, they are safe. The adjective 'useless' is avoided," he said.

'Welcome to Leeds'



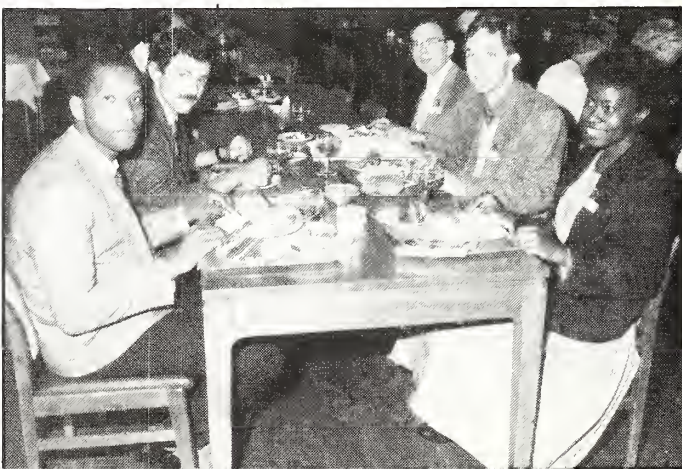
Mr H. Burlinson, director T. Kerfoot & Co Ltd, Dr Brian Wills, chief pharmacist DHSS and his wife, Mrs Burlinson, Mrs H. Fish and Dr F. Fish, Dean University of London

Mr R. McMullan, pharmaceutical officer Northern Ireland CSA, Mrs Anne Cahill and Mr M.J. Cahill, secretary of the Pharmaceutical Society of Ireland, Mr T. O'Rourke, chairman Pharmaceutical Contractors Committee and Kathleen his wife, Mrs R.J. Power and Mrs B.K. Power from Dublin, Mr J. Chambers, Belfast



Dr P. Redfern, University of Bath, Dr Brian O'Rourke, Sligo, Ireland, Miss Janette Cook, Brisbane, Australia, and Dr Mahendra Patel, Swindon

Mr A. Moschos, Athens, Mr F. Chinyanganya, Bath, Ms E.M. Anno, Bath, C.B. Jones, Bath and Mr David Gent, St Anthony's Hospital, Surrey





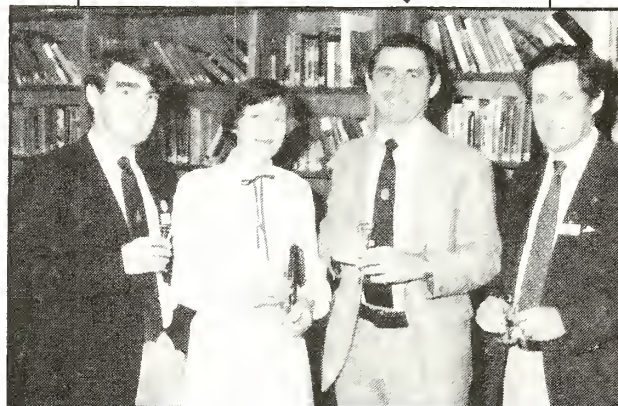
The reception committee – Mrs D. Winer, Mrs E. Halliday, organising committee, Mrs C. Potts and Mrs J. Gunney



Mr E. Mallinson, chief area pharmaceutical officer, and his wife Diana, from Hamilton, Mr Brian Hardy, a hospital pharmacist with the Royal Navy from Plymouth, and Mr David Higgins, branch chairman, from St Mawes



Mr A. Briggs, Ciba-Geigy, Mrs J. Egan, a community pharmacist from San Jose, USA, Mrs M. Briggs and Mr W. Mott, Sheffield



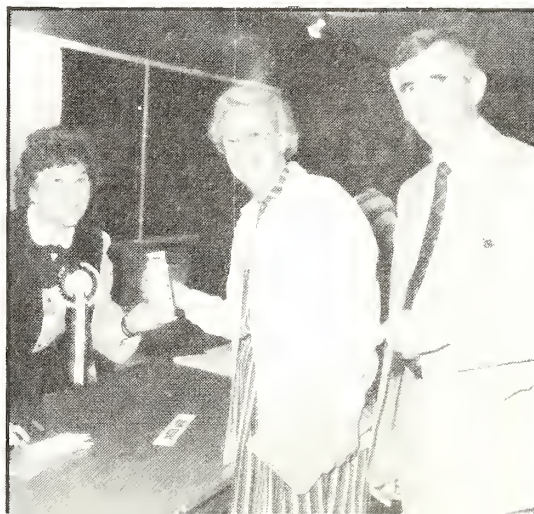
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Mrs Durham, Mr Malcolm Almond, vice-chairman IPMI, Mr S. Durham, secretary, Mrs Madge, Mr Mervyn Madge, and Mrs Hazel Guest, IPMI chairman



Clockwise from left: Dr N. Hodges, Mr R. Newberry, Miss K. Wilkins, Ms C. Walters, Dr D. Davies, Dr C. Olliff, Miss S. Tompkins, Dr G. Martin, Dr G. Hanlon, and Dr A. Bell – all from Brighton University except Dr Davies from Bath



Mrs C. Lestner, wife of conference treasurer with Mrs Jane Wilkinson and Mr Warwick Wilkinson, president, Pharmaceutical Society of Australia

John Ferguson comes home to 'top job'

For the past ten years John Ferguson has held the post of secretary and registrar to the New Zealand Pharmaceutical Society. He will be at his desk in Lambeth next Monday preparing to take over from Desmond Lewis at the end of October as secretary and registrar of the Pharmaceutical Society of Great Britain. He returned with a host of tributes from New Zealanders to his professional style, plus the PSNZ's highest honour, its gold medal. Wendy Moffett, Editor of New Zealand Pharmacy, looks back on John Ferguson's stay in New Zealand.

Forty-nine-year old Mr Ferguson, a tall, softly spoken Scot who is a Fellow of the Societies in both countries, was New Zealand's first pharmacist secretary and registrar (others had been accountants). His ability to communicate with health professionals, particularly in Government, and his interest in pharmacy practice and education, made a major contribution to the profession in New Zealand.

For members of the PSGB, who could never understand why he left the UK in the first place, it must seem like a return from the wilderness.

On a UK study tour last year, almost without exception, everyone I met at the Lambeth headquarters recalled John Ferguson's days as an assistant secretary with admiration and respect. They invariably asked: "Why did he leave the UK for New Zealand?"

As a former deputy secretary of the then National Pharmaceutical Union and, from 1967, assistant secretary of the Pharmaceutical Society of Great Britain, they simply couldn't understand why he would give it all up to take his family 12,500 miles to the other end of the earth — and to a PSNZ of around only 3,000 members.

Now that he's leaving, John is having exactly the same question put to him in New Zealand. "Why?... Why are you leaving this stable, idyllic, nuclear-free country for the

UK, which has 100 problems for every one of ours and where pharmacy is a complicated minefield?"

John's answer is simple: he regards the position of secretary and registrar of the PSGB as the top pharmacy job in the English-speaking world. In this time of turmoil and change he hopes to be able to make a contribution to pharmacy in the UK.

A major part of his challenge will be to ensure that the beneficial parts of the forthcoming Government Green Paper and Nuffield report are implemented and anything detrimental to pharmacy resisted.

While he may need to fine-tune his knowledge of the new environment, at heart he has always been a UK pharmacist. His experience here as an administrator has not been put on ice during his time in New Zealand. Many of his old colleagues have visited him in Wellington and every year, at least one prominent UK pharmacist has been a guest speaker at the New Zealand pharmacy conference. Retiring registrar Desmond Lewis, Tim Astill, David Sharpe and John's very close friend the late Jim Bloomfield, have all been there. Only earlier this month, Council member and former president Professor Arnold Beckett was in New Zealand and visited him.

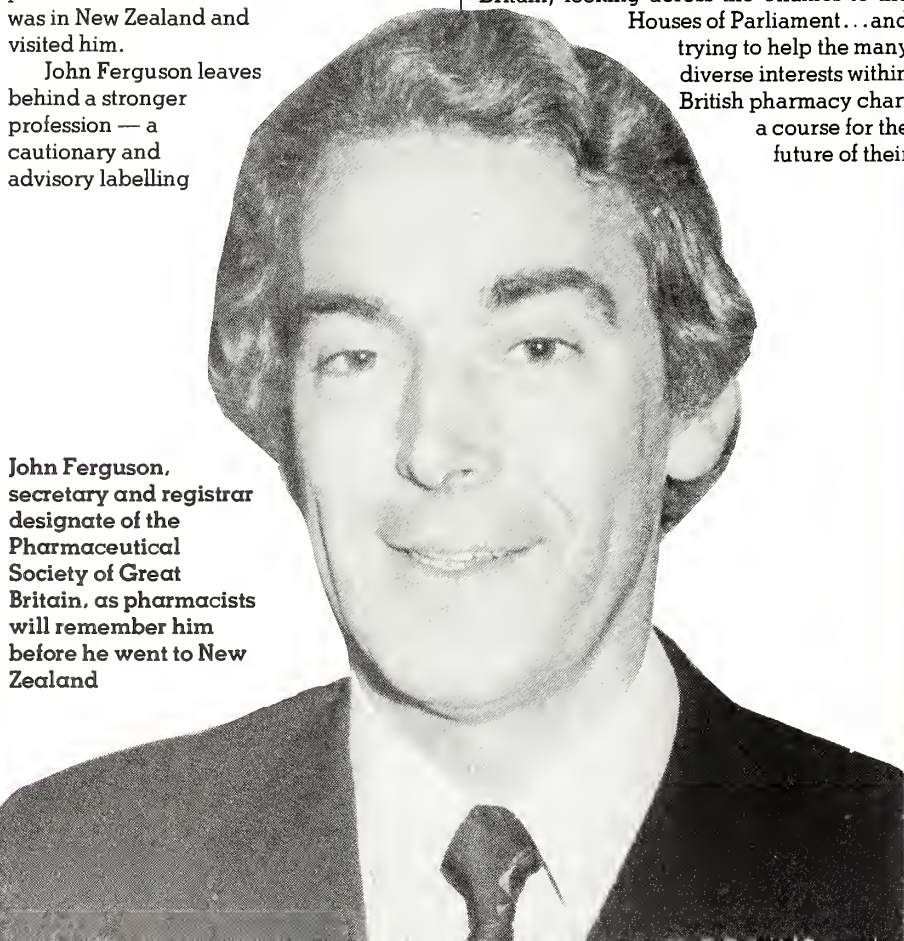
John Ferguson leaves behind a stronger profession — a cautionary and advisory labelling

scheme, a specific set of competencies for interns and evaluation of continuing education.

He was a driving force behind the labelling scheme, introduced eight years before its counterpart in the UK and he assisted Council in extending pharmacists' role in adverse drug reaction reporting. He also guided the work of principal pharmacist Ellen McCrae in upgrading the dispensary assistant's course, in establishing a set of 180 competencies for interns and in reviewing the requirements for continuing education. Degree status, rather than diploma, for all those who qualify in pharmacy has been another of his aspirations — as yet unfulfilled.

John Ferguson leaves New Zealand at a time when the "one man one pharmacy" legislation which has been the envy of pharmacists in other countries is under review. Along with Chemists' Guild representatives he spent recent weeks touring the country, talking to pharmacy groups and seeking their views, before writing what must be the most crucial submission the Society has had to make since the Boots organisation tried to establish chain pharmacy in New Zealand in 1936.

However, for John that is now unfinished business. By the time the review committee reports in October he will have succeeded Desmond Lewis and will be sitting at his new desk at the Pharmaceutical Society of Great Britain, looking across the Thames to the Houses of Parliament... and trying to help the many diverse interests within British pharmacy chart a course for the future of their



John Ferguson, secretary and registrar designate of the Pharmaceutical Society of Great Britain, as pharmacists will remember him before he went to New Zealand

PAC announces new name and tops 1,000

The Pharmacist Action Committee has become a limited company and been renamed the British Pharmacists Association (UK) Ltd.

Chairman of the new company Mr Alan Nathan explained to *C&D* that PAC would remain as a "watchdog" within the BPA, "but we feel we have reached the stage where we have to adopt a more establishment approach. We are not abandoning our campaign to get the new contract revoked."

Mr Nathan would not reveal membership figures other than to say they were now over 1,000. "We intend to take the Government or the PSNC to court and will have to give figures at that stage."

Other BPA directors are: Mr Meir Kattan, secretary; Mr Ray Lubert and Mr Michael Hirsh, joint treasurers; Mr Charles Flynn, Mr Jayanti Patel, Ms Gillian Davies and Mr Saul Nemtsov. The Board closely resembles the original action committee.

No vote appears to have been taken among members as to whether they wished PAC to become a limited company, although the direction the committee was moving has been made clear at meetings and in the PAC monthly newsletter, Mr Nathan said. "We shall have to take a vote among members soon about our long-term future. We have had a problem with time initially, racing to stop the contract."

The BPA has already received Press coverage in *The Times* and *Daily Telegraph*. Mr Joey Martyn-Martin, the group's publicist, told *C&D* that the organisation will elect a general secretary as a full-time paid official. Twenty regional chairman, of which seven have so far been appointed (elections for the others will be held shortly) would form a national council, through which all decisions would be channelled.

The BPA is planning a number of other services. "Within the group you have people with very wide experience in marketing," he said. "We will help people to set up in business by taking a certain amount of equity in that business." At the moment BPA are sorting out the legal side, but would probably take 10-25 per cent, to be bought out or left as the pharmacist decided. Finance was "not a problem."

Mr Martyn-Martin would not be drawn on membership figures. "There are 34,000 pharmacists on the Register. I haven't got half of them yet," he said. BPA would be pushing for "recognition to represent our

members in negotiations."

The Board will all be up for election in due course, but the appointment of a full-time general secretary is a priority. Mr Martyn-Martin, who describes himself as "a loner who could not work for a committee", is not interested in the job.

PSNC vice-chairman David Coleman said he was not amused by the story about the BPA in *The Times*. "To suggest LPCs are not representative by an organisation that does not have any elected members is ridiculous. And slurs have been made on PSNC members which are not true," he said. "I will myself be worse off under the new scheme."

Steve Axon, PSNC secretary, said there had never been any suggestion PSNC was not representative until now. "We have elections every four years. I hope the next time they come round there will be a full 196. PSNC takes its mandate to negotiate from the LPC conference."

PSNC does not view the BPA as a threat. "We live in a democracy and cannot object to a group of pharmacists combining and having an opinion. The contract reaches an endpoint when the new Regulations come in. After that it is up to the BPA to decide what it wants to do."

□ The formation of the new company received three times more coverage than the Society president's speech in both *The Times* and *Daily Telegraph*.

November 1 is new deadline

The Regulations governing the new contract are still being delayed due to the Cabinet reshuffle, and the Department of Health is now looking towards implementation on November 1.

"The Department was working on implementation no later than April 1, 1986," a spokesman told *C&D*. "It got a bit too tight for October 1, which was probably a bit optimistic." Mr Barney Hayhoe, the new Minister for Health had only arrived in the Department on Monday, he said. "It seems it was a bit much to ask him to sign something he hadn't read."

PSNC secretary Steve Axon said he was "very disappointed" at the news of the delay.

Pharmacists win in Wales and Hampshire

Preliminary consent for the provision of pharmaceutical services from a new pharmacy at Trawsfynydd, Gwynedd, has been granted by the Rural Dispensing Committee.

At the same time, applications to dispense from two doctors branch surgeries at Trawsfynydd and Ffestiniog were refused on the grounds they would prejudice pharmaceutical services of the new pharmacy of Mr R. A. W. Williams in Trawsfynydd and existing pharmacies in Blaenau Ffestiniog.

The doctor's application was granted in respect of a third branch surgery in Dolwyddelan, also in the disputed area.

Gwynedd Local Pharmaceutical Committee has been fighting the cases for almost a year, arguing that the decisions could set the standard for rurality in Wales (see *C&D* October 20, 1984, p706). They had opposed all the doctor's applications, arguing that the loss of dispensing income to the pharmacies in Blaenau Ffestiniog would make their continuation doubtful. The chemists in Blaenau contended the collection and delivery service operating to outlying districts adequately met patients' needs.

Pharmacists have won at least one round in the RDC's deliberations in Hampshire. The LPC's appeal over the rurality of Andover — the most contentious of the ten areas challenged in the county — has been upheld, *C&D* understands.


Dispensing doctors at the Shepherds Spring Medical Centre on the periphery of Andover just over a mile from the three pharmacies in the town centre, had waged a campaign against the appeal involving public meetings and a petition. The whole situation had been stirred up so that patients were very anti-chemist.


□ Mr Don Ross, a pharmacy deputy on the RDC says that after two years experience, the Committee is always able to reach a consensus decision with little difficulty. But it was not inclined to encourage a "closed shop mentality" by pharmacy and would not support protectionism for its own sake.

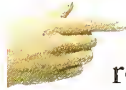
Experience did show, however, that rural pharmacies would no longer be forced to close because of dispensing doctor activities. Doctors who sought to increase their areas by applying for outline consent, were much less evident nowadays.

Farley's

Mums won't be hands off our

 Most regular babymilk purchasers buy at least 900g every shopping trip. It's the size that will grow the market.

 Farley's are a household name in infant feeding. Their OsterMilk range enjoys an unrivalled 84% brand loyalty.*

 These facts point to one conclusion: regular Farley's OsterMilk mums will be buying our new 900g packs, with two stay-fresh foil sachets, for convenience and economy.



 Like the 450g starter size, the new 900g packs tell mums exactly what they need to know.

So make sure you stock the full OsterMilk range in both pack sizes, because easier choice means extra sales.

*M.A.S. Survey Research

Farley's

OsterMilk Range

Important Notice. Breast milk is the preferred food for newborn infants. Infant formulae are in



able to keep their ew 900g packs.



Farley Health Products Limited, Torr Lane, Plymouth, Devon, England. A Glaxo Group Company
ace breast milk when breast-feeding is not possible or when a mother elects not to breast-feed.

NEW VASELINE LIP THERAPY



VASELINE Petroleum Jelly's dominant position in the market grows from strength to strength. Latest figures show a 81% brand share with sales growing twice as fast as the rest of the market.

And now a unique new product – VASELINE Lip Therapy. With its new easy flow glide on applicator it is ideally suited for those customers who use petroleum jelly for their lips.

£500,000 of VASELINE Petroleum Jelly TV advertising will ensure your customers ask for the brand leader every time.



Chesebrough-Pond's Ltd.
Skin Care Business Builders.

VASELINE is a registered trademark of Chesebrough-Pond's Limited.

Rowlands move on from 175 years

The 175th anniversary of L. Rowland & Co. Wrexham-based wholesale and retail chemists, was celebrated in style last Sunday with a 60-stand trade fair attended by more than 100 of the company's pharmacist customers.

But the event was tinged with sadness, because this year Rowlands have been hit by the deaths of both former chairman Humphrey Rowland (great grandson of the founder) and Maurice Ellerton, managing director (*C&D*, August 31).

Current chairman Rowland Cole — a fifth generation member of the family — was nevertheless in buoyant mood at the weekend as the company added to its retail chain with the acquisition of a 22nd pharmacy; added to its Numark franchise by taking over Lancashire from a closed-down Macarthy's depot, and prepared to extend its North and Mid Wales plus Border counties wholesaling service to the Isle of Man. And on show to customers for the first time was Rowlands' own computerised patient record system, which uses an ICL hard-disc system with 10mb storage and a patient/drug/prescription record software package called SCRIPTS. It is priced around



The original Rowland pharmacy at 9 High Street, Wrexham as it is today

£4,500.

Mr Cole now heads a company with a £20m turnover, but which is still in private hands. And he told *C&D*: "Having survived 175 years as a private company, it is my intention that we should remain so."

Mr Cole is joined by Mr A.S. (Sandy) Young, MPS, who has taken over as managing director and for the time being retains his role as superintendent of the retail side. Mr Young formerly ran his own business in South Africa but managed Rowland's Chirk pharmacy when he came to the UK.

Ten per cent of Rowland's business now comes from their farm supplies division, which provides farmers with animal health and crop protection requirements. The division is run by J. Glyn Evans, MPS. In all, the company has some 200 Numark member customers in its area but provides wholesale services to more than double that number.

Brand generics and PIP Code

Branded generics included in the *C&D* Price List are restricted to those where a prescription calling for the brand name is sufficient to identify absolutely the product required (eg Berkmycen, Tamofen). All other generics, whether associated with a suppliers' name or not, are covered by Pharmaceutical Interface Product Codes listed in the *C&D* Generics Supplement, sent free to subscribers twice yearly.

This restriction is in accordance with a PIP Code principle, reaffirmed last week by the National Pharmaceutical Association's PIP Code Technical Panel (on which are represented wholesale and retail users of the Code) in the light of the launch of Gx generics. However, in many cases retail pharmacists are still able to place orders electronically with their wholesalers in a way which identifies the required supplier by text in association

with the normal generic code.

The Technical Panel has long accepted that it is not feasible to provide individual codes for every generic of every potential supplier. The only exceptions have been products already included in the *C&D* Price List before adoption of its internal computer code as the PIP Code, and the establishment of the NPA as the Regulatory Authority.

C&D will continue to ensure that Gx products and price changes (and those of any subsequent "branded" generic ranges) are drawn to subscribers' attention.

No future?

The Secretary for Social Services has decided that the Supply Council should be wound up and replaced by a director of procurement and distribution for the NHS.

Mr Bill Darling, a member of the Society's Council and former president, was recently appointed the Supply Council's chairman after serving as vice-chairman since its formation.

PSNC clarifies Gx position

The Pharmaceutical Services Negotiating Committee's latest newsletter clarifies the position of the "generics" of Gx Ltd.

The prefix or suffix "Gx" makes the preparation a proprietary and as such it cannot be substituted by any other equivalent generic. Broken bulk may be claimed, but Gx preparations should not be supplied to meet a generic prescription as the prices are approximately 15 per cent higher than Drug Tariff.

PSNC say that where there is any doubt about the interpretation of an "illegible" prescription, the item should be clearly endorsed. This follows experience that some pricing errors occur because of misinterpretation by the pricing clerk.

Following PSNC protests to the DHSS, Family Practitioner Committees are to issue 100 per cent advance payments. Delays in pricing have been due to a number of things, including additional work caused by the limited list, and the Summer holiday period.

Paige outlines NHS style

Flexibility must be the key under the new Griffiths-style management of the NHS, according to Mr Victor Paige, chairman NHS management board.

Services must relate to local needs rather than conform to a nationally established blueprint, he said during the BP Conference banquet. The central organisation would not set up rigid management structures nor impose job descriptions on unit general managers. Ultimately, success would depend on general managers and the contribution of staff involved patient care.

The needs of pharmaceutical services would play an important part in the new approach with regions, districts and units, and adding that the clinical professionalism of pharmacy must be used to the best effect.

Replying, the president, Dr Geoffrey Booth, said the Society had been particularly concerned with the effect that Griffiths-style management was having on hospital pharmacy. "An effective method of managing pharmaceutical services at district level was developed and we are now worried in case this responsibility passes into non-pharmaceutical hands."

The 1985
CHEMIST & DRUGGIST
CHEMIST ASSISTANT
OF THE YEAR
COMPETITION

Did you find your entry form in last week's issue? Don't forget the closing date is September 25.

Chemist looted in Handsworth

A Birmingham pharmacist had to run for his life when his shop was looted during the riots in Handsworth on Monday night.

Mr Abdul Begg, MPS, manages a pharmacy in Lozell, where shops were burned and looted by rioters.

Two people were killed in a post office next door to Mr Begg's shop and two were feared dead.

Mr Khan, who also works at the pharmacy, told *C&D*: "Two to three hundred young men were running up and down, smashing and burning shops. It all started at eight o'clock — they came in here and took everything. We have nothing left.

"The mob came into the shop and robbed everyone there. Mr Begg had to run out through the back to get away," said Mr Khan. "We waited for the police to come, but they didn't arrive until after two or three hours."

Mr Khan was unable to say what he and Mr Begg would do next. "All the shops here are boarded up. And the rioters have said they'll be back to attack us again."

Drug seizures up

Drug seizures in 1984 totalled 28,600, up 9 per cent on 1983, but the number of addicts continues to rise as street drug prices fall.

Around 360kg of heroin was seized in the year, an increase of 53 per cent on 1983. The amount of cocaine seized was 65kg — down on 1983 but with a considerable increase in police contribution. LSD and methadone seizures were also up, as were those of 'B' class drugs — amphetamines (60kg) and cannabis (17,700kg).

The number of people convicted or cautioned for drug offences rose 7 per cent to 25,000 in 1984, some 20,500 of these involved cannabis. The number of persons involving heroin — around 2,450 — was the highest ever.

The number of addicts notified to the Home Office was 7,400, 26 per cent up on 1983; the latest statistical bulletin does not put a figure on the total number of UK addicts.

Home Office Minister David Mellor hopes that extra manpower for regional crime squads announced recently will put traffickers under greater pressure.

TOPICAL REFLECTIONS

by Xrayser

Of contracts, PAC and Kings

I hope you all had time to read Keith Jenkins' thoughtful analysis of the Pharmacist Action Committee membership and stated aims (Letters, last week).

I think the only grouping which can represent all pharmacists, so far as professional matters is concerned, must by definition be the Pharmaceutical Society. The only grouping recognised by the Government as representing contractors is the Pharmaceutical Services Negotiating Committee, whose membership is drawn from Local Pharmaceutical Committees. If there are enough candidates from LPCs, PSNC members are elected. Such is the overwhelming concern of contractors within these bodies, that it is the devil's own job to get anyone to stand for them.

For PAC to expect members who have "been volunteered" for these thankless posts to rush around consulting every contractor on all matters is to move into the realms of fantasy, since most of those LPC volunteers are full-time employees or proprietors of individual businesses, who can ill afford the time for gratuitous internal PR work. They do what they can within their power to obtain the best future for pharmacy. Of course they are advised by the permanent executive they employ at PSNC. PAC is trying to persuade us they not only know best, but can do better! My sceptical view of their claims is, if anything, even more profound than Keith Jenkins'.

But continuing on the theme of LPC membership, a letter in the pharmaceutical Press from J.M. Skipp, the secretary of the Dorset LPC, needs discussion. As you may know, LPC members are required to serve on various official committees constituted by the Family Practitioner Committees. In the past these were of greater or lesser importance, ranging from hours of service committees, oxygen committees, to full membership of the FPC itself and the dispensing subcommittees. The amount of time demanded on the last two, depending on the area served, could be considerable. (It is unpaid, remember). I know of pharmacists who serve on two or three such, whose time is never their own.

However, with the changes which have made the FPCs autonomous bodies, LPC liabilities become yet more onerous, since they are now required to supply six more serving members to the pharmacy practice subcommittee, in addition to the three,

plus three deputies, already on the dispensing subcommittee, and the two on the FPC.

We have been pushing for limitation of contract, rational distribution, and all that. Until I read Mr Skipp's letter I had not thought about the mechanisms which are needed to administer the scheme which was finally accepted. Years ago I served on an LPC. For the first year I sat silent. All the talk was completely over my head. The experienced long-serving members knew the regulations, knew how the administration worked, understood how powerful was the doctors' lobby, and calculated long and hard on how to deal with the various problems.

As a beginner I was not asked to take an important role — and was grateful. Yet if what Mr Skipp spelled out is correct, LPCs from a meagre membership of 15 are going to have to find another six experienced men or women in addition to the eight who already sit on the key committees. Not only that, their choice for the three principal members of the PPSC — which could be the most critical of all committees since it will be dealing with the present and future disposition of contracting pharmacies — is going to be the gift of the administrator! This is monstrous!

Pharmacists must have an absolute right to be represented by those they choose themselves. The point will have to be made with the greatest force. I wouldn't be surprised if various LPCs find it impossible to comply with the "requirement" to submit seven names to the administrator for him to choose six, since they may not find enough members willing to serve. I suspect, if I were a chairman, I might find only three initially, willing to serve as principal members, and then, only after enormous difficulty, find another three to fill the deputy roles. Although it may seem to readers that I have my tongue in cheek, I believe the "reality" to be nearer the truth than we would like.

See you at Chemex '85?

I get the feeling someone, somewhere wants to see me at the show. To date I have received no less than 15-free tickets inviting me to come and get some of the goodies, available to those who attend.

Don't worry, dear advertising friends, I shall be there! If you see me just rush up, clap me on the shoulder and say in a loud clear voice "You are Xrayser, and I claim my £100 bonus."

Lifeplan add more vitamins and cosmetics

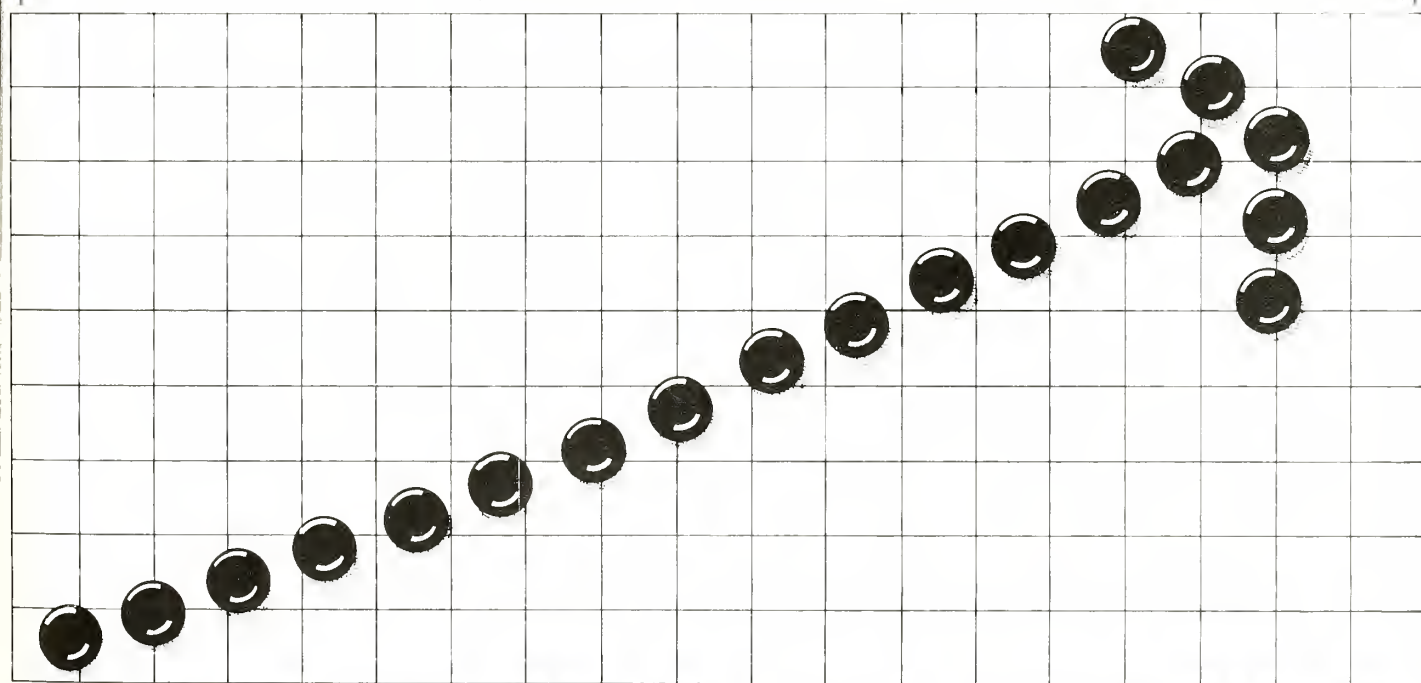
Lifeplan are making additions to their vitamin and mineral range and are introducing a natural cosmetics collection.

Phytocosmetique is a range of natural skincare products, tested without cruelty to animals and offered at competitive prices, says the company. It includes cleansing, toning and moisturising lotions for the skin, bath oils and shampoos made from ingredients such as beeswax, peppermint, rosemary and wheatgerm oil.

Other new lines are D.L. phenylalanine (30 tabs, £3.95), sugarless vitamin C (100 tabs, £2.45), super time release B complex vitamins (30 tabs, £2.45), and Solus multi-nutrient tablets (30 tabs, £3.15). *Health Factor Ltd, Elizabethan Way, Lutterworth, Leics.*



Mr and Mrs George Ridden went to the local chemist and came out with flowers and whisky. They were the first customers at Clark Care's new branch in Rainham, Kent, and their 'welcome' gifts were presented by Unichem managing director Peter Dodd (right). Also there to celebrate the opening were Clark Care directors (left to right) Reynold McKnight, Derri O'Donaghue, John Walters and Mrs Margaret Waddell



THE STORMING OF THE PASTILLE.

How do you sell a throat pastille to the man in the street?
Tell him it's made for professionals.

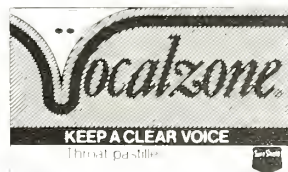
That simple advertising message, consistently displayed in the national press, has seen Vocalzone Throat Pastilles enjoy an enormous growth in sales.

Vocalzones act as an astringent on overworked vocal-chords, returning clarity to the voice after excessive speaking, smoking or tiredness.

That's why Vocalzone is the throat pastille that sells all year round.

VOCALZONES · UNIQUE · ADVERTISED · FULL MARGIN · LICENCED FORMULA

For details contact your representative, or call (0283) 221616, or write to Vocalzones, Thos. Guest & Co Ltd, Swains Park Industrial Estate, Overseal, Burton-on-Trent, Staffordshire DE12 6J1



The professional requisite for actors, singers and public speakers.

Numark get Streetwise

Spearheading Numark's Autumn promotion is the streetwise Green Cross code competition starting on October 14 with over £15,000 children's prizes to be won.

The competition is divided into three age groups: 5-6 years, 7-9 years and 10-12 years. In the first category there are 15 bicycles to be won as first prizes plus 150 painting easels for runners up, while in the second and third categories there are 10 bicycles (worth up to £130 each) to be won in each category.

Parents of all first prize winners will receive a Numark voucher worth £10, while those of runners up will receive one for £5. Numark chemists supplying entry forms to first prize winners will receive a £50 voucher of Nusoft all in one nappies redeemable through any Numark

wholesaler.

There are three streetwise coupons on the entry forms for part one of the promotion — Toni perms, Gillette Blue II disposable razors and Numark extra absorbent kitchen towels. A retailer incentive competition offers members ordering 20 packs of any of the following products a durable canvas safari travel holdall trimmed with leather and worth £30: Rightguard, Blue II, Toni perms, Foamy, Contour, G11, Silkience shampoo, conditioner and hairspray, which will all be on special offer.

Numark members wishing to increase their order by five packs can enter the Big Game prize draw for a new Fiat Panda worth over £5,000.

National advertising for the streetwise competition will include advertising in *TV Times* with names and addresses of Numark chemists listed. Part 1 of the promotion will run from October 14-26, and part 2 from November 11-23. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wiltshire BA12 9JU.*

Cimko's special lens deal

Silbers have a special promotion on Cimko lenses, supported by a "major" advertising spend in the specialist consumer photographic Press.

Cimko dealers can purchase three of their most popular lenses, the 28mm, the 35-100mm zoom and the 80-200mm zoom at special prices and get a Guardsman camera bag, worth £20, free. The three lenses usually sell for £49.95, £99.95 and £69.95, respectively.

Double-page colour spreads in *Amateur Photographer*, *Camera Weekly* and *Practical Photography* will include a list of stockists and detail the offer. *J.J. Silber Ltd, Engineers Way, Wembley, Middx HA9 0EB.*

Wilkinson on their bike

A national on-pack promotion from Wilkinson Sword offering motorbikes as prizes in a scratchcard competition is featured on all five and ten packs of Retractor disposable razors.

Flashed on the front with the scratchcard inside the blister pack, five correct answers must be revealed to the general knowledge questions from the eight available scratch surfaces. The six

entrants judged to be the best will be offered either a road or trial bike from the two Suzuki models offered. *Wilkinson Sword Ltd, Sword House, High Wycombe, Buck.*

Mucron on TV

Ciba are this Winter supporting Mucron with a £1.5m national television campaign.

The 10 and 30 second commercials which show the Mucron man coming up for air, will run from November to March. An "extensive" range of POS material is available from *Ciba Consumer Pharmaceutical, Wimblesbury Road, Horsham, West Sussex RH12 4AB.*



Welsh pharmacist, Basil Jones is the sixth Unichem classic winner to receive the £1,000 prize. Mr Jones (right) of C.E. Jones Ltd, Swansea was presented with his cheque by Jim Sims, general manager of Unichem's Swansea branch and director Marion Rawlings FPS

Bigger bite for dental market

The outlook for the dental hygiene market is extremely encouraging, although changes are slow to unfold, says a *Retail Business* special report.

Over the next five to ten years the proportion of the population with teeth will steadily increase. Not only will there be more teeth to be cleaned, but these teeth are likely to be brushed more frequently and effectively.

Retail Business says that sales of toothpaste and toothbrushes should continue to grow modestly each year to 1990, but the outlook for denture products is poor, with decline forecast for the foreseeable future. The current sales boom in mouthwashes should continue for a number of years and there should also be substantial growth in ancillary dental products, such as floss, mirrors and disclosing tablets, as interest in dental care grows. *Retail Business No 331, September 1985, dental hygiene products, The Economist Intelligence Unit, 40 Duke Street.*

Outdoor Girl in the Press

Max Factor's Outdoor Girl range is being supported by a £¼m women's Press advertising campaign.

The black and white advertisements are aimed at young working women and feature no models or pictures of the product. There are two advertisements in the first series, with the first showing a man by a window overlooking a beach.

Running through to December they will appear in magazines such as *Honey*, *She* and *Family Circle* and are designed to set a "classier" tone for Outdoor Girl's advertising say, *Gala Cosmetics & Fragrances Ltd, PO Box 3, Frances Avenue, West Howe, Bournemouth.*

In the pot...

Invicta Plastics have introduced a folding potty seat (£1.99) to fit any standard toilet.

The seat has a polypropylene hinge and folds to 12ins by 5¼ins and is 1ins thick. It is stabilised and held fast by ten non-skid feet. Available in white, pink and blue, it is packaged in a re-closable clear PVC wallet. *Invicta Plastics Ltd, Oadby, Leicester LE2 4LB.*

Now, twice the profit opportunity.

Now Night Nurse,
comes in capsules too.

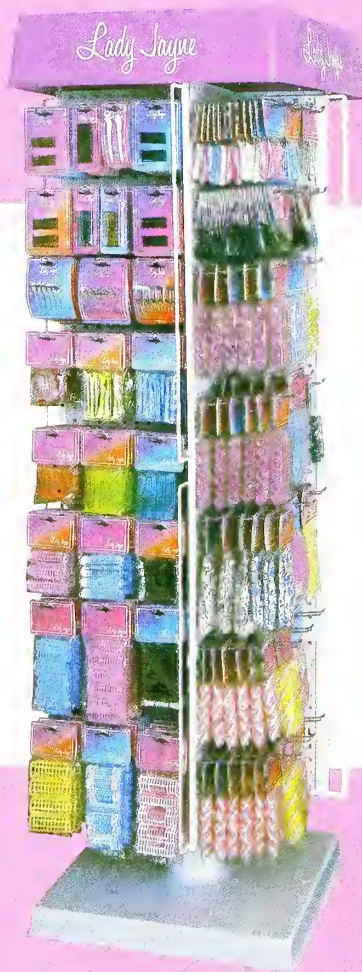
£600,000
ON TV



New
14-for-12
outer

Remember what capsules did for Day Nurse
doubled sales.

Lady Jayne STANDS FOR PROFIT



Lady Jayne have combined its innovative skills of developing new products, with the best in point-of-sale display stands.

Lady Jayne

Laughton & Sons Ltd.,
Warstock Road, Birmingham.

COUNTERPOINTS

Elida take a firm hold

Elida Gibbs are extending the Sunsilk hairspray range with the addition of a firm hold variant.

The product has 25 per cent more holding power than the normal variant yet brushes out easily, say Elida. It is available in three sizes: standard 110ml (£0.77), large 180ml (£1.09) and economy 290ml (£1.69). The greasy hair variant has been discontinued as the company believes that with the increased frequency of shampooing the benefits it offers have become less relevant.

Firm hold will be supported by a £600,000 Press and poster campaign between now and the end of the year. Full colour advertisements with the copyline: "New Sunsilk firm hold hairspray for hair that stays up as long as you," will appear in women's magazines and on posters.

"During the past 18 months sales have



increased by over 10 per cent to a value of around £75m in 1984. In 1985 the market is expected to reach £82m, with further volume increases of 5 per cent annually," say Elida Gibbs, PO Box 1DY, 43 Portman Square, London W1A 1DY.

Pond's throw in the towel

Chesebrough Pond's are promoting Vaseline Intensive Care lotion and the recently-launched herbal and aloe variant with a tea towel offer running from now through to December 31 1986.

Consumers are offered a free, illustrated, cotton tea towel, in return for two proofs of purchase from any special offer pack.

The offer will run on Vaseline Intensive Care lotion regular 200ml and 300ml and the herbal and aloe vera variant (200ml). All packs will feature a flash on the label with full details on the back Chesebrough Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.

What's brewing at Tom Caxton?

Tom Caxton are offering a free 60-minute tape on homebrewing banded to their kits. The promotion will be supported by a national Press advertising campaign.

During September and October, the 30 and 40 pint sizes of brew kits will have the cassette banded to the side.

The 60-minute reusable cassette tape has an "easy to listen to" message on

homebrew hints from football personality Emyln Hughes OBE. Edme Ltd, Mistly, Manningtree, Essex CO11 1HG.



Mavala have changed the packaging of their nail care products to a "new image" carded presentation. The new look is said to be "cleaner and more modern" and makes self selection and customer identification easier. A special deal of all the nail products is available with a display stand, showcard, and leaflets for £83.70 plus VAT. For a limited period retailers buying the package will be able to return their old style products for full credit. Mavala Laboratories Ltd, 16 Morewood Close, London Road, Sevenoaks, Kent TN13 2HU

Chemist & Druggist 14 September 1985



Bacteroides fragilis
(actual size: 6 microns)

Just one of the mouth problems Oraldene Hexetidine can help solve.

Oraldene contains hexetidine, proved¹ active against *B. fragilis* and a broad spectrum of the bacteria associated with a number of common mouth and throat ailments, such as gingivitis, stomatitis, oral thrush and sore throats.

Oraldene has a fresh, pleasant taste and has not been associated with tooth staining. Altogether, a good professional recommendation for your customers.



Oraldene

The broad-spectrum medical mouthwash
for mouth ulcers, sore gums and sore throat.

**WARNER
LAMBERT**
HEALTH CARE

the name people feel better with
Milk Hill House, Southampton Road, Eastleigh, Hants. SO5 5RY

1. Ref. Ashley, K.C. 1984. The antimicrobial properties of two commonly used antiseptic mouthwashes - Corsodyl and Oraldene. *Journal of Applied Bacteriology* **56**, 221-225.

Oraldene Prescribing Information: **Composition:** Clear red-coloured solution containing hexetidine 0.10%. **Indications:** Anti-infective agent indicated for mouth infections such as gingivitis, pyorrhoea, stomatitis. Also of value in aphthous ulcers, dental ulcers, halitosis, pre- and post-dental surgery, oral thrush and in geriatric nursing. It is also of value as an adjuvant of systemic therapy in tonsillitis and pharyngitis. **Dosage:** Adults and children rinse the mouth or gargle with at least 15ml of Oraldene two or three times a day. Oraldene should not be diluted. **Contra-indications, Warnings etc:** Oraldene has no known contra-indications, it should not be taken internally. Very rarely mild local irritation of the buccal tissues. **Product Licence Number:** 0019/5022 **Cost:** 100ml x 12 List Price ex VAT - £6.61, 200ml x 12 List Price ex VAT - £10.09.



Fenjal smoothes away dry skin.

Fenjal is softening up your customers for Christmas.

Fenjal is by far the best selling luxury bath additive. And this Christmas we're giving it the most extensive support ever, with stylish new Christmas packs and a four month concentrated burst of advertising.

A colourful nationwide campaign in women's weeklies and glossy monthly magazines – right through from September to December.

This will really soften up your customers. (So you could get some hard looks if Fenjal isn't on sale.)



Hair Decorations and Hair Care Products



Little Miss Muffet.

The success story in childrens hair decorations.

Available carded or as transparent strip presentation.

The choice is yours.

The Ravina Collection

Celeste & Little Miss Muffet combined on the same display unit, to give maximum sales from minimum space.

The Wall Unit, available with and without storage basket. Card and strip presentation for Miss Muffet.

Free Standing rotary unit – two sizes available, both with storage bases. Card and strip presentation for Miss Muffet.

Make your choice, and remember that whichever unit you choose, it's delivered ready dressed with all products prepped.



Contact your Sundries Wholesaler for full details of the Ravina Collection of Hair Decorations & Hair Care Products
Ravina Ltd, Rooksley, Milton Keynes MK13 8PB
Telephone: Milton Keynes (0908) 665577

THEY STAND ALONE!

Polaroid Xmas push peaks at £1m

Polaroid will support the Christmas sell-through with a £1 million advertising campaign.

New point of sale material, film and camera promotions and a complete package of local dealer support will re-emphasise the theme "The year of support."

The Sun 600 has been improved and renamed the Supercolor 635 — gift packed, it includes 600 instant film to sell at under £30. It is currently their sixth best seller.

The Supercolor 600 (rsp around £20)

gift pack contains three free flashbars. A counter dispenser for twin-packs features an on-pack offer of a £2 rebate on the T600 or SX-70 twin-pack. Consumers collect the rebate direct from Polaroid by sending a dealer receipt.

A national television campaign will feature the 1984 advertisement from mid-November. New POS carries the "Programmed for perfect pictures" message.

Dealers who purchase cameras on Polaroid's Christmas programme will be eligible for cash contributions towards a range of local promotional schemes.

Also, dealers can purchase as few as 50 Polaroid video tapes which can be a mix of VHS 180 and Beta L750 for less than the usual 1,000 unit rate.

Special edition cameras are available at a guaranteed price regardless of quantity which includes a free carrying case. Consumers are given a five-year guarantee and offered up to £10 trade-in allowance on their old camera. *Polaroid (UK) Ltd, Ashley Road, St Albans, Hertfordshire AL1 5PR.*

Clifford goes national

A £1m national television campaign for Listerine starts on September 16 and runs into 1986.

Warner-Lambert are extending the commercial which features the cartoon dragon Clifford, from the London and Granada regions where it has run since February.

"This commercial represents a major change in strategy and reflects our confidence in the fast-growing UK mouthwash market" say, *Warner-Lambert Health Care, Southampton Road, Eastleigh, Hants SO5 5RY.*

Diabetic bar

Dendron have added a new snack bar for diabetics called Krispi to their Special Recipe range. The 40g bar will retail at £0.41. *Dendron Ltd, 94 Rickmansworth Road, Watford, Herts WD1 7JJ.*

Letap Pharmaceuticals Ltd.

ONE SOURCE FOR ALL YOUR REQUIREMENTS

GENERIC
SPECIALISED 'EXPORT ONLY' PREPARATIONS
PHARMACEUTICAL RAW MATERIALS

Whether you are a U.K. Generic user, exporter or manufacturer, we can be of immediate assistance.

GENERIC: Contact us now for competitive prices and prompt deliveries.
EXPORTS: An extended range of pharmaceuticals including contract manufacturing facilities for those special requirements.
RAW For regular supplies or spot lots our specialised department
MATERIALS: will only be to happy to assist.

OUR MANY YEARS OF EXPERIENCE IN THE PHARMACEUTICAL INDUSTRY
IS AVAILABLE FOR YOU TO CALL UPON — USE IT!

Letap Pharmaceuticals Ltd.

Celtic House 17-19 Grove Vale Dulwich London SE22 8EQ England
Telephone (01) 693 3433 - Telex 896248 (Prajay) - Cables PRAJAY London SE22



Clairol have Xmas wrapped

Clairol are making additions to their hair and bodycare ranges with the introduction of an airbrush styler and a heat wrap. The company is also launching their biggest ever advertising campaign for its appliances with a spend of £2m.

The airbrush styler (£12.95) is the shape and size of a conventional hot brush but incorporates a fan for drying "slightly" damp hair for longer lasting effect.

Other features include a pearl grey livery with a pink trim, flexible cushion-tip bristles, a curl release, cool tip and swivel cord. An instant heat-up facility means there is no waiting for the styler to achieve the correct temperature.

The heat wrap (£29.95) combines a heated pad and vibro massage. "The flexible wrap has velcro tabs which fit around any limb or part of the body."



Available in red, the wrap is thermostatically controlled and has two heat settings. Both products will be available from October.

Clairol will go on air during November and December. Peak viewing times on ITV 1 and Channel 4 will feature 20 and 30-second spots with spends of £600,000 and £500,000 for Power dryers and Bodybuilder respectively.

Foot Spa will be supported with a £700,000 television campaign breaking in November on both channels. While £200,000 will back Body Line lady's shaver in the women's monthly and weekly Press during November and December.

The company has changed the name of the Clairol 1400 super hairdryer, on-shelf this month, to the Clairol 1400 super style. *Bristol Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB.*

ON TV NEXT WEEK

GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(Central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	TT Tyne Tees

Baby Wet Ones:	All areas on ITV
Calgon:	A, TVS, TTV
Colour Confidence:	All areas except TTV
Corimist:	All areas
Cream Silk:	All areas
Cymalon:	Bt
Farley's wholemeal rusks:	Bt
Ideas in Colour:	All areas except TTV
Listerine:	LWT, TTV, C4 (LWT, TTV only)
Mennen Speedstick:	All areas
Migralift:	Y, C4, (Y only)
Nurofen:	All except B, CTV, C4
Ponds dry skincare:	STV, G, C, A, TVS, TTV
Ponds Perfect Colour cosmetics:	All areas
Rennie:	All areas except U
Rug Patrol:	Y
Ruthmol:	U
Signal toothpaste:	C, TTV
Studio Line:	C4
Vaseline petroleum jelly:	Bt

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Press and TV Vantage point

Vestric are investing £350,000 in a television and Press advertising campaign for their Vantage members concentrating on their monthly promotions and Vantage own brand. The national campaign will run from now to August 1986.

Television advertising slots have been booked during two bursts, September 23 to November 4 and over a seven week period between February and March 1986. The 10-second and 30-second commercials, emphasising the service aspect of Vantage, use the Vantage slogan, "Right on price, right on your doorstep".

Weekly half page advertisements will appear in the *TV Times*, between September and August 1986. There will also be an "extensive" campaign in *Mother and Baby*, and *Parents* magazines in early 1986 to complement the second television burst.

Alan Turner, retail development manager comments, "Following last year's television campaign, we experienced a substantial increase in OTC sales. We hope Vantage chemists will give the same support as last year, by displaying their Vantage signs prominently, to help maximise OTC sales." *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

R & C launch Junior Disprol

Reckitt & Colman are introducing a new range of paracetamol products for children — Junior Disprol.

Each soluble tablet contains 120mg paracetamol; the 24-tablet pack size (£0.56) is GSL. A suspension presentation will be available in due course. Pack design and colour are intended to identify the brand as coming from the makers of Junior Disprin, yet distinguish it on-shelf.

The company says that as paracetamol is suitable for children from three months old, it widens the franchise in the junior analgesic market, as well as offering a choice between aspirin and paracetamol. Recommended doses are three months to one year half to one tablet (maximum four in 24 hours); one year to under six one to two tablets (8); and six to 12 years two to four tablets (16). *Reckitt & Colman Products Ltd pharmaceutical division, Dansom Lane, Hull HU8 7DS.*

Chemist & Druggist 14 September 1985

BRIEFS

Dome/Hollister-Stier product name changes: Following applications to the DHSS, Dialysed Allergen Extracts has now become Alpha-Test and Dome Glycerinated skin testing solution has become DHS skin testing solution. *Dome/Hollister-Stier division of Bayer UK Ltd, Strawberry Hill, Newbury, Berks RG13 1JA.*

Minihep Calcium injection (calcium heparin injection 5,000 iu in 0.2ml) is now supplied in packs of 10 ampoules (£4.50 trade). This brings them into line with Minihep Sodium injection, say *Leo Laboratories Ltd, Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.*

Minocin 50mg are now being supplied in an 84-tablet blister pack (£20.40). The 100-tablet bottle has been discontinued, say *Lederle Laboratories, Division of Cyanamid Great Britain Ltd, Fareham Road, Gosport, Hants PO13 0AS.*



Counter Prescribe
SOMINEX
tonight's answer to temporary sleep problems.

PRESCRIBING INFORMATION Presentation: Blister pack of 8 tablets, each containing 10mg Promethazine Hydrochloride Ph Eur. **Indications:** Temporary sleeplessness. **Dosage and Administration:** Adults, one tablet at bedtime or up to one hour after going to bed. Children 0-15 years, not recommended. **Contra-indications, Warnings etc.** There are no specific contra-indications but use in pregnancy should be avoided. **Precautions:** The product is a sedative for bedtime use only. Patients should not drive or operate machinery. Alcohol and other CNS depressant drugs should be avoided. **Side-effects:** A few patients may be particularly sensitive to the effects of Sominex, early morning drowsiness may be experienced, as may dry mouth, blurred vision, difficulty with lachrymation and constipation.

Product licence number: 18379-01/1

For further information write to Beecham Proprietary, Great West Road, Brentford, Middlesex

P



OTC ethicals: the challenge for the home medicines industry

Numerous studies over the years have demonstrated the frequency of minor debility. Nine out of ten people feel unwell during any four week period. The most common symptoms are headache, colds, coughs, other aches and pains and indigestion.

The evidence shows that the majority do not consult a doctor when these conditions arise. This is just as well. No health service could sustain such demands on it, nor is it necessary. Most people know perfectly well that such symptoms can be relieved by an appropriate home medicine.

Home medicines, therefore, play an important part in the total health care of the nation. In commercial terms, they constitute an important market — total sales in 1984 probably reached £250m.

Competition is growing. Major retail chains have entered the arena in a number of product categories, notably analgesics. These can scarcely be defined as "own label" in traditional terms. They are sponsored by leading retailers, with a reputation for quality and reliability. On offer are sound products, well packaged and low in price.

In parallel, there has been a growth in the sales of low-priced generics. On numerous occasions *Which?* has

Mr Eric McGregor was marketing manager of International Chemical Company from 1970-82 and prior to that worked in advertising, specialising in home medicines. In the first of two articles, he looks at the rise in competition and the importance of advertising in the home medicines industry.

recommended their purchase in preference to branded products. Such advice has been consistently echoed in mass circulation newspapers and magazines. The cumulative effect of such endorsement, coupled with low price, are clearly factors in the expansion of generics.

Over the counter sales of ethicals represent the third competitive element. There is, of course, nothing new about this. Such sales have always been a significant component of home medicine markets. However, pressure from this source is likely to develop considerably as the result of the limited list.

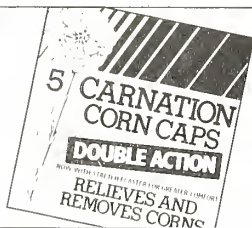
In what sort of shape is the home medicines industry? How well is it equipped to cope with this increasing competition, particularly from the ethical sector?

Part of the answer lies in the past. Throughout the 1970s, home medicines faced a raft of pending Medicines Act legislation, the final outcome of which was problematical. Such question marks naturally inhibited new product development and creative investment.

Price controls were also in operation from 1973 to 1979. These put margins under pressure which, in turn, led to reductions in marketing activity. Advertising expenditures generally failed to keep pace with increasing media cost inflation.

Markets do not grow when innovation is absent and promotional levels are lowered. The decline in consumer demand for a number of major brands during this period was a direct consequence of reduced exposure in the market place. This also goes part of the way towards explaining the corresponding growth of generics.

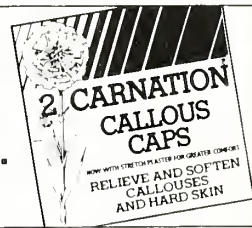
When price controls were finally swept away in 1979, prices of home medicines began to rise sharply. This was inevitable, given the previous steady erosion in margins and, for a number of companies, a sharp



CARNATION

Corn and Callous Caps that are asked for by name.

Cuxson, Gerrard & Co (Dressings) Ltd., Oldbury, Warley, West Midlands B69 3BB



NEW

MAC

EXTRA!

FOR THE EXTRA SORE THROAT

EXTRA!

SALES AND PROFIT FOR YOU

£500,000

ON TV ADVERTISING

*With
local
anaesthetic
action*



ANOTHER QUALITY PRODUCT FROM BEECHAM



"Decisions will increasingly be made on the basis of how serious the manufacturer is about stimulating real consumer demand for his products"

increase in both capital and running costs arising out of extensive medicines legislation.

With price increases, steady progression is desirable. However, after a lengthy period of artificial restraint the upward trend is necessarily sharper than would normally be countenanced by managements. Certainly the cost of home medicines accelerated over the next three or four years.

Now medicines are less price sensitive than most products. Nevertheless, the angle of ascent must have had an adverse affect and this can be inferred by a fall in unit sales, in a number of areas, for branded products, and the rise in sales of generics already referred to.

The classic way of combatting this is through increased advertising. However, in common with other industries, home medicines faced a level of media cost inflation which far exceeded that of their own price increases and prices generally. This was because of the bargaining strength which commercial television (the main medium for the major brands) could exert, both intrinsically and in response to increased airtime demands from new advertisers.

So although companies kept up high levels of advertising in money terms, overall exposure for many brands declined, and at a time when increased exposure was necessary, the reverse happened. Whatever recovery has taken place since the early 1980s, the chances are that the unit sales of such brands are lower than a decade ago. The need for them to rebuild brand-strength is of critical importance now that they face a new dimension of competition.

This is not to suggest that the industry is in a crisis state. It is a lively, efficient industry which is active and far more sophisticated than many people realise. Moreover, consumer demand for home medicines is undiminished. It will almost certainly increase as a result of recent Government decisions. Ten years ago, the industry fought hard and successfully to preserve the principle of self-medication, in the interests of the consumer as well as its own. Now it is being given increased recognition, whatever the Government's motives. But there will be

enormous short term pressures as and when the OTC development of ethical brands gathers momentum.

At retail pharmacy level, the implications are obvious. Cash flow will be placed under increasing strain if manufacturers' demands for increased inventories are met. Pharmacists are already being forced to adopt a hard-nosed response to such demands. Inventory decisions will increasingly be made on the basis of one thing only: how serious is the manufacturer about stimulating real consumer demand for his products? Quite simply, the advertising will have to be there. And this is not a money matter alone: the question of value for money is also of crucial importance.

This situation necessitates a re-think from the ground up. Take television, for example. No one can deny that it is the most effective advertising medium available. But its costs have reached a point where some manufacturers must seriously ask themselves whether, within their budgets, they can reach viable national coverage/frequency levels. Two relatively short bursts a year are now quite common for brands which before would have been on-air for at least six months of the year, if not more. The need for regular and consistent brand exposure is recognised throughout the industry. Is current exposure enough?

The answers to these questions may well force companies to reconsider the use of a medium which has become a reflex choice over the past twenty years or so. They will be looking again, if they have not already done so, at the national press and print media generally. Already television is becoming more and more a tactical rather than a strategic weapon.

In the industry's total response to the increased climate of competition, there are many other factors which will enter the equation: new product development, product innovation, maturely handled line extensions and so on. Principally however, advertising is the key to the home medicines marketing issue. There has always been a need for systematic exposure in the market place. Given the growing pressure the industry faces, this need is even greater today. It is a challenge which has to be met.

Presentation

Nurofen is available as a white sugar-coated tablet containing 200mg of ibuprofen B.P.

Uses

Nurofen is effective in the relief of headaches, cold and flu symptoms, dental pain and neuralgia, rheumatic and muscular pain, backache, migraine headache and period pain. Nurofen also reduces inflammation and temperature.



Dosage and Administration

Adults and children over 12 years: Initial dose 2 tablets taken with water, then if necessary, 1 or 2 tablets every four hours. Do not exceed six tablets in any 24 hours. Not suitable for children under 12 years of age.

Contra-Indications, Warnings etc.

Nurofen should be avoided by patients with a stomach ulcer or other stomach disorder. Nurofen is contra-indicated if there is a history of allergy or bronchospasm due to aspirin or similar drugs. Patients receiving regular medication should be advised to consult their doctor before taking Nurofen. Patients should be advised that if their symptoms persist for more than three days they should consult their doctor.



Pharmaceutical Precautions None.

Legal Category Pharmacy Medicine.

P

Package Quantities

Nurofen is available in packs of 12, 24 and 48 tablets.

Product Licence Number 0327/0004

Crookes Products Ltd., Nottingham NG2 3AA.

Date of preparation of Data Sheet: April 1984.

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Why is Nurofen now the most frequently recommended branded analgesic?



NUROFEN

NUROFEN

Because

Nurofen (ibuprofen) has been clinically proven as a well tolerated and effective analgesic for the relief of mild to moderate pain. And now recent research⁽¹⁾ has shown that, among Pharmacists, Nurofen is the most frequently recommended branded analgesic. Pharmacists, Doctors and Dentists all recommend Nurofen (ibuprofen) with confidence.

Migraine headache

"ibuprofen was significantly superior to paracetamol in reducing headache severity and duration ... nausea and vomiting were also reduced"⁽²⁾

Period Pain

"a few patients ... demanded to know the drug that gave them such excellent pain relief ... In all such cases, ibuprofen was the preferred agent"⁽³⁾

Sprains and strains

"ibuprofen significantly reduces the period of pain ... compared to aspirin⁽⁴⁾" ... only ibuprofen significantly improved the limitation of movement of the injured joint"⁽⁵⁾

Dental pain

"ibuprofen is the analgesic of choice over codeine for pain resulting from dental surgery"⁽⁶⁾

Rheumatic pain

"ibuprofen is of unquestionable benefit in relieving the symptoms of ... non articular rheumatism"⁽⁷⁾

The analgesic with a clear margin of safety.

NUROFEN The ideal OTC analgesic.

Numark is the only chemists group that runs monthly promotions and regular major consumer competitions to help its members pull in more customers.

This autumn a "Streetwise" competition for children, based on the Green Cross Code, is designed to make children more



'Streetwise'

GREEN



CODE

COMPETITION



STREETWISE OF THE

members will again be featured with full page ads in the T.V. Times.

Every Numark member will also receive a bumper kit of merchandising materials. Included in each kit will be 200 competition entry forms which have been designed for use as door-to-door leaflets.

In addition to details of the "Streetwise" competition these contain information on the current Numark offers and money-off coupons redeemable only through Numark chemists.

Numark offers members an efficient low cost



and safety conscious, and underline the community responsibility of Numark chemists.

Prizes include 35 bicycles, 150 painting easels, 100 quartz watches and 100 cameras.

Heavyweight national advertising support is provided in the most popular publications, including The Sun, News of the World, Woman's Own, Times and The Sunday Post.

Consumers will see where they can pick up the latest Numark special offers and competition entry forms as names and addresses of Numark



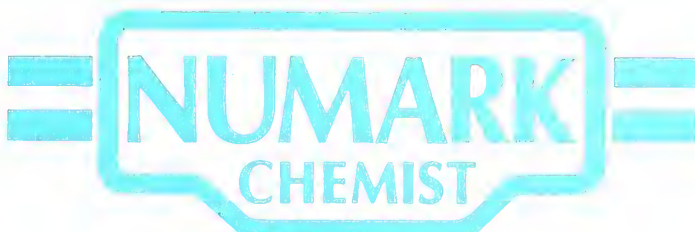
AHEAD OF THE REST.



distribution service through a comprehensive national wholesaler network and its massive buying power enables Numark chemists always to purchase top brands at the most competitive prices.

A super selection of big brand products are available to members for Part 1 of "Streetwise", in-store 14th-26th October and Part 2, in-store 11th-23rd November.

Numark. We're streets ahead of the rest.



Makes you money

Thank Heavens for the cardboard liner

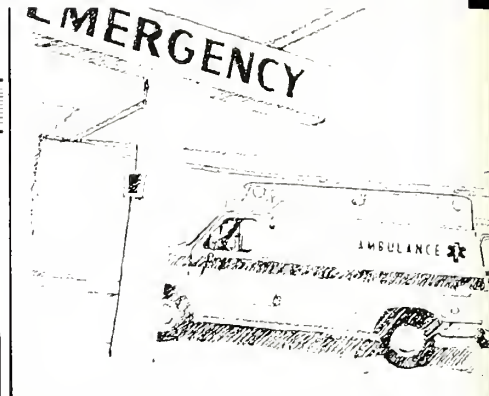
It was almost closing time at the end of a normal Thursday evening locum when the old man walked in. John Timmins, staff pharmacist at the Sheffield Children's Hospital, tells of an unusual customer...

It started out as just another routine Thursday night. We had dealt with the post-Crossroads/Emmerdale Farm/East Enders rush and were preparing for the last-minute influx of urgent prescriptions and those brought in by patients on their way out for a night on the town. Suddenly, the peace was broken by the shop assistants dashing in from the sales area in a most alarming fashion.

Working at night in a large city centre pharmacy the staff became adept at dealing with their fair share of odd customers, drunks and other undesirables, so when the

two usually calm and capable assistants rushed into the dispensary for help I realised there was something strange afoot. On making my way to the counter I was quickly told that there was a man in the shop in the process of slashing his wrists with some razor blades he had just bought.

Fortunately, when I reached him he had been restrained by another gentleman — the only other customer in the shop. The "wrist-slasher", who was about 60 years old, neatly dressed but in need of a shave (hence the razor blades I assume) had had problems with the packaging of the blades and had



started his self-mutilation with the cardboard insert from the packet. I always wondered why it was included but in this instance it had saved our carpet tiles another nasty mess — but that is another story.

With the assistance of the other customer, a large man whose long arms were firmly wrapped around the "wrist-slasher", we managed to sit the old chap down in the waiting area. A quick examination of his wrists revealed a patchwork quilt of old scars — he had obviously managed to get past the cardboard on several previous occasions! Luckily for all concerned there was no blood this time.

Despite gentle and persuasive questioning we could not get any response from the old chap, apart from a few incoherent mumbles — indeed he appeared almost to be in a trance. Eventually we managed to identify him with the assistance of some papers in his wallet. And we were in such close proximity that we positively



established that he had been drinking.

The local police were contracted to come and assist this poor old confused gent. However, while waiting for the police to arrive, events took another dramatic turn. The "wrist-slasher" clasped his hands to his chest, gave a moan and collapsed with a thud, face first on the floor!

All my first-aid notes rushed through my mind and, while someone phoned for an ambulance, the strong-armed customer and myself arranged the old chap on the floor ready for mouth-to-mouth resuscitation if needed. As we were scrambling about on the carpet the local police ambled in, obviously expecting to pick up yet another drunk. On seeing the commotion on the floor they realised things were a little more complicated than expected.

After assuring themselves I was coping adequately, and that an ambulance was on its way, they began questioning the staff about earlier events. Who should walk in then but a local GP, known to me in his formative years as a young house officer at the hospital where I earn my daily bread. His arrival was most timely and his offer of

assistance grasped at gratefully.

He was quickly made aware of all the pertinent facts — patient's name, initial wrist-slashing attempts and subsequent collapse. He had just started his examination when sirens and blue-flashing lights announced the arrival of the ambulance. The ambulancemen rushed in and were about to whip the old chap off to hospital when the rather casually dressed doctor made himself known to them.

Lazarus revisited

This is when the story gets somewhat difficult to believe, but I swear it is the truth. On hearing the patient's name and address the doctor made the most dramatic cure since Lazarus. He placed his hands on the patient and told him he was one of his own patients (albeit never seen, but notorious).

The previously unconscious patient then opened his eyes, got up and dusted himself off. The police officers and ambulancemen looked dumbfounded and stood back in disbelief. I must admit to a few questioning thoughts of my own at being taken in so easily.

The doctor took the responsibility of sending away the ambulance and suggested to the old man that he should go home and see him the next morning at the surgery. After a few minutes obtaining assurances that the old man's wrist-slashing escapades were over for the night, he left to complete the original errand of mercy which had first brought him into the shop.

The police offered to escort the old chap to his flat but this was turned down in no uncertain manner; he made it quite clear that he was going to have another drink that night and started on his way out. He paused, thought for a moment, then asked for his razor blades back. After being refused (well we had our carpets to consider) he asked for, and received, a refund.

The last we saw of him was as he wandered across the busy dual-carriageway outside to the pub across the road. We were left with an opened and wasted pack of razor blades and the thought that another interesting night had passed in the life of a late-night community pharmacy.

And grateful appreciation that Gillette put a cardboard liner in their razor blades.

THIS AUTUMN, LOTS OF WOMEN WILL BE ASKING YOU FOR AN AFFAIR.

Excited? So you should be. After all, it's not everyday we launch a brand new range of hair colourants. Backed up by a £750,000 women's colour press campaign. Affairs comes in 12 colours. And as they're semi-permanent, women will keep coming back for more and more. And more.

Certainly it'll be the first time an affair made anyone a fortune, not cost them one.



Paletta Affairs Hair Colouring Creme by Schwarzkopf

— THE — TEST THAT GIVES THE BEST RESULTS.

Discover 2 outsells every other OTC pregnancy test by a considerable margin, and has done so for some time now.

The reason is not hard to find. It's the test that is matched most exactly to consumer needs.

It has a tried and trusted reputation. It is a double test. Its easy to use. And it gives

a clear and accurate result in under one hour.

Which is why it also yields the best results for the pharmacists who sell it.

So when your customers want a pregnancy test, make sure you recommend Discover 2.

It's the home pregnancy test most women prefer.



For earlier testing
with greater accuracy

Results in 1 hour

Discover 2

Carter-Wallace, Wear Bay Road, Folkestone, Kent. Tel: (0303) 57661.

Pharmacists: consultants not manipulators

Community pharmacists will lose their role as medicines manipulators and become medicines consultants. Patients will have a greater choice of medicines to buy over the counter and industry will advertise more, increasing the pressure on pharmacists to act as advisers.

These were among the predictions made by industrial pharmacist Alan Sanders, Smith Kline & French marketing manager, during Monday's professional session on "Pharmacy — prognosis for the patient".

The community pharmacist will have to justify his position as a healthcare professional, Mr Sanders explained. If he did not seize the role of medicines consultant with skill and enthusiasm, then the "Sister Burke-Masters of this world" might well usurp his position.

The trend for POMs to become Pharmacy medicines gave the industry a major opportunity for advertising directly to the public, so the pharmacy could become far more important as a centre for counterprescribing. Again, if pharmacists did not seize the chance to control this OTC business someone else would.

Advances in drug delivery and technology would lead to products which differed from the usual tablets and liquids and which would need more explanation to the public, the speaker continued. And if original pack dispensing was introduced, with greater use of product information leaflets, patients would become better informed and more demanding of the pharmacist.

Mr Sanders went on to add that new chemical entities were becoming more difficult to develop, but genetic engineering techniques would lead to more effective products becoming



Mr Alan Sanders

available for prophylaxis, for example, in cholera, malaria and chicken pox.

Government pressures on industry profitability would lead to less investment in the UK, an eventual decline in the high standards of clinical research in this country and adverse effects on patient care. Increased use of generic products could result in possible patient confusion.

Another prediction was that the elderly, who formed a growing proportion of the population, would have a greater share of NHS and industry research and development resources, leading to an improvement in their quality of life.

A poor service from hospital pharmacies?

Hospital pharmacy is not providing as good a service as it should, maintained Michael Cullen, district pharmaceutical officer, Southern Derbyshire Health Authority.

While the supply and dispensing service was good, the general level of pharmaceutical care was still extremely poor, he said. "It is still very difficult to find many truly patient-orientated pharmacists."

Most ward pharmacists visited their wards for as short a time as possible, apparently with the sole intention of initiating supply. Drug monitoring usually took place after the first dose had been taken and at weekends after a lag time of 48 hours. "We are not really monitoring drug therapy but shadow monitoring," he said.

Mr Cullen suggested that the level of pharmacy service on a ward should depend on the level of pharmaceutical care required, for example, if there were complex drug regimens, elderly patients, a high incidence of renal impairment and an intensive need for drug counselling before discharge, then there should be a

high level of "pharmacist presence" on the ward. Otherwise visits on alternate days or even weekends should suffice.

The speaker believed that pharmacists should stop being directly involved in the manipulative aspects of supplying drugs to wards or patients — too many were still intensely involved in tablet counting and checking which could be done by technicians. "The pharmacist's role is solely the interpretation of the prescription, the decision on the need for pharmacist counselling and the supervision of the technicians. All pharmacy departments could achieve a far more efficient dispensing and distribution system if extra technicians were employed at the expense of pharmacist posts."

Emphasis should be placed on ensuring that drugs are presented in a form which is immediately usable on the ward, Mr Cullen continued. Initially, all cytotoxics should be presented as

infusions or pre-filled syringes, then this service extended to all injectables using a combination of centralised or decentralised facilities. If the American experience could be repeated, this should produce substantial savings. And further work should be commissioned to investigate whether unit dose distribution was cost effective.

In future a substantial number of "caring beds" will be provided in the community. The speaker believed that it should be the norm for small community hospitals with acute beds and a theatre to have a pharmacy, which could be removed at the planning stage if not required. If community pharmacists were unwilling or unable to provide pharmaceutical care, they could supply the medicines and hospital-based community pharmacists provide the professional aspects.

With patients being discharged earlier there would be an increasing demand for domiciliary services which could be expanded to include enteral feeding, pain control, insulin therapy and pharmacokinetics. "Health visitor" pharmacists should work with patients in the community to ensure drug compliance. And each health authority should be encouraged to appoint a full-time health education pharmacist specialising in drug, solvent and alcohol abuse, he concluded.



Sharpe outlines concentrator services

Mr David Sharpe, member of the Pharmaceutical Society Council and chairman, Pharmaceutical Services Negotiating Committee, described the new arrangements for supply of oxygen concentrators through pharmacies. The service should be introduced on December 1, although "we are still in the realms of uncertainty," he said.

The results of PSNC's tenders in each of the country's nine regions would probably be known sometime in October. In those regions in which PSNC was successful, the doctor starting the treatment would tell PSNC, who would then advise on the nearest contractor supplying concentrators, and pass this information to Simonsen & Weil, the company with which PSNC was collaborating. The request would then be confirmed by letters to the doctor, the patient and the FPC.

The Simonsen & Weil engineer would install the concentrator and adjust the oxygen flow according to the doctor's instructions. Mr Sharpe believes pharmacists should attend after the installation, to familiarise themselves with the equipment and to reassure patients. The tender called for servicing every three months — in any one year it would be carried out twice by the contractor and twice by Simonsen & Weil. The pharmacist would have to guarantee a maximum 10-hour emergency call-out and a back-up cylinder service.

Pharmacists would also have to check the system for leaks; correct valve

functioning; the outer room air filter, and the hourly usage meter for electricity charges. Simonsen & Weil would be responsible for changing the battery and internal filter. More details have to be finalised, said Mr Sharpe, and further information would be circulated when the tender results were known.

Turning to health education, Mr Sharpe said there were a range of problems with which pharmacists could become involved — smoking, drug and alcohol abuse, heart disease and family planning. He reminded the audience of the national Family Planning Association scheme in pharmacies next year. He was optimistic that the Nuffield Report would recommend increased pharmaceutical involvement in these areas and that the funds PSNC would have in reserve as a result of recent negotiations would be used to fund those pharmacists who undertook these new tasks.

During the discussion Mr Alan Nathan, chairman of the new British Pharmacists Association, doubted whether Mr Sharpe's current prophecies for the future were accurate. Mr Sharpe replied that from contacts he had had with many pharmacists it appeared that the majority were satisfied with the PSNC's negotiations for the new contract. Negotiations could only be satisfactory, they could not be ideal for everyone, he said.

Another community pharmacist, Colin Worthing, pointed out that he would like to be involved in patient counselling and oxygen "concentrating," and so on but it was difficult to find the time when running a business on his own. He called for more negotiations for two-pharmacist practices. Mr Sharpe said that when PSNC returned to the negotiating table it would be asking for an additional pharmacist allowance. This would be unlikely to happen before next April and much depended on Nuffield.

Cuts threaten plant progress

Pharmacognosy can make a major contribution to the pharmaceutical sciences but is threatened by cuts in finance, said Professor J. David Phillipson, Conference Science Committee chairman, in his address on Monday morning.

Contrary to forecasts, plant drugs and natural products continue to be used in medicine. 80 per cent of the world's population rely on plants as their source of medicines, and some recently identified ingredients are showing promise as therapeutic agents. Never before has there been such a wealth of sophisticated techniques for investigating these plants.

UK research centres are collaborating with centres overseas, but Professor Phillipson warned that prospects for the future look bleak and some links may have to be severed.

"Successive UK governments have been responsible for savage cuts in resources for tertiary education," he said. In some polytechnic pharmacy departments even simple laboratory exercises have had to be discontinued, and pharmacognosy teaching and research are suffering in the universities. Four senior academic posts in pharmacognosy were not re-advertised when the holders recently retired.

Describing some potentially useful new drugs that may be obtained from plants, Professor Phillipson mentioned the antimalarials artemisinin and sodium artesunate used in China, and substances derived from the family *Simaroubaceae*. Other plants are being examined as possible sources of amoebicidal drugs, he said.

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Substitution 'could cut costs' in homes

Lack of advice given to diabetics, cutting drug costs in old people's homes and drug interactions in the elderly were among the topics studied by pharmacists who presented papers to Tuesday afternoon's practice research session. The speakers were competing for the C&D Medal and Award, the winner being announced later in the week.

Savings achieved by generic substitution in old people's homes could be significantly greater than those achieved by the limited list, according to researchers at UWIST clinical pharmacy division.

Peter Weedle and Jeffrey Poston visited 55 residential homes over six months last year and found a total of 5,535 medicines from 615 different preparations were taken daily by 1,617 residents. The limited list affected 67 of these medicines (880 treatments) and by selecting an appropriate alternative the amount that could be saved was £24.45 (4.4 per cent) a day. The authors calculated that if generics were substituted for 20 proprietary medicines, the savings would be £40.88 (7.4 per cent) a day, 67 per cent more than could be achieved by the limited list.

They concluded that generic substitution should be considered as a means of reducing the costs of caring for the elderly.

In a separate paper, the researchers presented a survey of drug interactions in the same elderly population. The total number of interactions spotted was 508 — one for every three patients — of which 8 per cent were judged of high clinical significance, 49 per cent moderately

significant and 41 per cent of minimum significance.

Digoxin was most frequently involved (152 interactions) followed by phenytoin (52). The most common interaction in the highly significant group was the use of potassium sparing diuretics with a potassium supplement which could lead to potentially serious hyperkalaemia.

The authors felt there was a need to supervise elderly patients' medication more closely and to keep complete medication records in residential homes. In the USA pharmacists are legally required to review prescriptions every month in long term care facilities and the feasibility of such a system in the UK should be studied.

Poor advice to diabetics

Advice to diabetics is lacking in some important areas, according to J.A. Cantrill and C. Wright, University of Manchester pharmacy department.

They carried out a survey of 68 diabetics treated in general practice and 55 treated in hospital clinics. Thirty-one per cent of the GP group and 7 per cent of the hospital group claimed to have received no dietary advice from any source since their diagnosis, although 81 per cent and 93 per cent respectively

seemed to be on a sugar free diet. Just over one third of patients had never received any foot care advice and did not think it was of special importance to diabetics. Seventy per cent of patients were unaware of the symptoms of hypoglycaemia and only 40 per cent carried sweets or glucose regularly.

Fifteen of the GP patients and 16 in the hospital group did not monitor blood or urine for glucose.

All but one of the insulin dependent patients used plastic syringes which 40 per cent of patients did not store in a refrigerator. There were more smokers in the hospital group than in the GP group, and these percentages were similar to the incidence of peripheral vascular disease.

All patients obtained their repeat prescriptions from GPs, but only 29 per cent saw their GPs when obtaining their repeats. The average supply of oral hypoglycaemics was four weeks and insulin four months.

The authors said that the education of diabetics was one of the keys to improved control, and this area offered great potential to pharmacists seeking to promote their health education role. Easy-to-read educational material for diabetics was available from several drug companies.

Continued overleaf



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Acetazolamide dose

Sunderland Eye Infirmary has saved over £8,000 by giving glaucoma patients acetazolamide tablets instead of capsules.

When patients were given acetazolamide tablets 250mg four times daily they suffered debilitating side effects but a satisfactory response was obtained using the more costly 500mg sustained release capsules twice daily, a regimen claimed by the manufacturers to be equivalent.

Margaret Ledger-Scott, Sunderland Eye Infirmary, and Jim Hurst, Sunderland Polytechnic, carried out bioavailability studies on five healthy volunteers and found that the peak plasma levels were significantly higher with the tablet regimen than with the capsules and the total amount absorbed from the tablets was more. It was found that giving patients one tablet twice daily produced satisfactory control of intraocular pressure without the side effects.

Half the patients on acetazolamide are now prescribed tablets instead of capsules, resulting in a saving of over £8,000 for the year 1984-85.

Footcare formulary

Mark Horsley, University of Manchester department of pharmacy, and Clive Brown, a chiropodist at a Salford health centre, described how they devised a formulary to encourage rational prescribing by chiropodists.

Questionnaires were sent to Salford chiropodists asking what medicaments they used and why. The formulary was drawn up using the stock order list as a starting point and items were deleted if there was no demand or if less toxic or more effective preparations were available. If several preparations were therapeutically equivalent, the cheapest was included.

The formulary was implemented last December and there is a copy in all hospital and community chiropody departments throughout Salford. It is "policed" by the pharmacy department. Orders for non-formulary items, together with the rationale for the request, are referred to the district chiropodist. Work is now in progress to assess the impact on prescribing patterns and on the drug bill.

Gaps in knowledge

A survey has shown some gaps in community pharmacists' knowledge of issues affecting their day-to-day practice.

M.J.W. Chapman, Taunton, and Barbara Stewart, Storrington, sent questionnaires to 100 community pharmacists in the South West and West Midlands Regions, asking questions on 10 topics. 49 questionnaires were completed and returned.

When asked about the Code of Ethics, three-quarters did not know that Press advertising of professional services was permitted. Forty per cent gave incorrect answers on the quantity of POMs which could be given to a patient requesting an emergency supply, while 62 per cent gave incorrect answers on how soon a prescription should be forwarded by a practitioner telephoning for a supply for a patient.

There was some uncertainty over parallel imports but there was general awareness of the background to drug withdrawals in 1984. Most of the 12 questions on amendments to the Misuse of Drugs Act Regulations were answered correctly, although there was uncertainty over whether destruction of barbiturates should be witnessed and who could prescribe dipipanone. Most pharmacists gave correct answers to questions on the use of child-resistant containers and on the labelling and packaging of glyceryl



trinitrate tablets. Most were aware that the quantity dispensed should be written on medicine labels and two-thirds were familiar with the reasons for withdrawal of camphorated oil.

Pharmacists expressed general satisfaction with the guidance they had received on these topics in the pharmaceutical Press but specific comments indicated that they would have welcomed a clearer policy statement on parallel imports. Several pharmacists said that in practice (as opposed to completing the questionnaire) they would have checked their answers with an appropriate information source.

The researchers suggested that key information, published at three to six monthly intervals in an easy reference form, would be a welcome *aide memoire* for busy community pharmacists.

Testing compliance

Patient interviews, tablet counts and regular serum drug level monitoring are all needed to monitor patient compliance effectively in clinical trials.

This was the conclusion of Roger Walker and Susan Wright, Sunderland Polytechnic, and T. Daymond, Sunderland General Hospital rheumatology department. Any

Continued on p462

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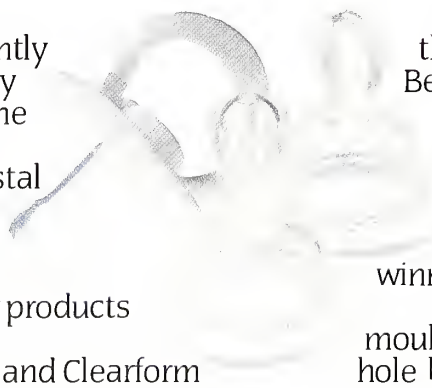


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Ms Cantrill wins C&D Medal

Staff pharmacist Ms Judith A. Cantrill has won the C&D Medal and Award for the best presentation of a practice research paper at Conference.

The paper, on the role of the community pharmacist in the health care of the diabetic patient, was written jointly with another pharmacist, Colin Wright, who is based at the Park Hospital. Ms Cantrill works at Hope Hospital, Salford and also lectures part-time at the department of pharmacy, Manchester University. She did her pre-registration year with Boots the Chemist and, apart from spells as a relief pharmacist, has since worked in hospital pharmacy.

Practice research continued from p458 clinical trial that involves patients administering their own medicines should not be started unless compliance can be monitored, otherwise results might be misleading, they suggested.

The researchers looked at patient compliance in a clinical trial of choline magnesium trisalicylate. Compliance was checked by questioning patients during a counselling session with the pharmacist, by issuing a known amount of medication and counting the doses not used, and by monitoring serum salicylic acid and uric acid levels.

Introducing the session, the chairman, Dr D. Hopkin Maddock, member of the Society's Council, deplored the fact that only two papers had been submitted from community practice. "In the absence of fundamental research, developments of any kind in our profession is unlikely to take place," he said.



Pharmacists who presented papers to the practice research session. Left to right: Barbara Stewart, Mark Horsley, Judith Cantrill (the winner), Sue Wright, Margaret Ledger-Scott, Michael Chapman, Peter Weedle

More evidence for ADR role

More evidence that pharmacists have an important part to play in reporting adverse drug reactions was presented during a practice research poster session on Tuesday.

A clinical pharmacist, R.A. Bussey, was seconded for 21 months to Sunderland Royal Infirmary to collaborate with clinicians in improving ADR reporting. All suspected ADRs were discussed with the pharmacist who, if it was thought necessary, completed a yellow card, signed by the clinician, and sent it to the Northern Regional ADR Monitoring Scheme. There were 79 reports of suspected ADRs of which 44 were forwarded to the CSM, compared with two reports submitted in the previous 12 months when the hospital had no ward or clinical pharmacy service.

The pharmacist interviewed 28 patients to relate drug history to onset of symptoms. A further 14 were monitored by the pharmacist after stopping the suspected drugs. Five ADRs were identified solely by the pharmacist.

Another poster showed that hospital outpatient dispensing cost less and was more popular than FP10(HP) prescriptions. In a survey at James Paget Hospital, Great Yarmouth, Pamela Balmacund, M.E. Brown and M.C. Allwood found that the average cost of dispensing an FP10(HP) prescription was £4.64 compared with £5.84 at the hospital and £3.16 when supplies were limited to 7-10 days for junior doctors but unlimited for consultants. All 16 medical staff and 71 per cent of the patients interviewed preferred outpatient dispensing; 74 patients lived less than a mile from the nearest pharmacy and of these 51 preferred to collect medicines from the hospital.

According to a survey by Alison Morley and Michael Jepson, Aston University, continuing education courses for pharmacists are not reaching their target. Of the 79 practising pharmacists replying to a questionnaire, 38 per cent had never attended a postgraduate course and only 25 per cent had attended three or more courses in the past 5 years. The most common reasons for not attending were lack of time and travel difficulties. However, nearly half thought that continuing education should be compulsory for all pharmacists.

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Trimethoprim resistance

A dramatic change in bacterial resistance to trimethoprim has led to new, highly resistant strains developing throughout the world, the Conference was told.

Presenting the first Science Award lecture, Dr Sebastian Amyes, department of bacteriology, Edinburgh University, said that these new strains were 5,000 times less sensitive to trimethoprim than others and that the new mechanism was unlike any he had seen before. He feared that the level of resistance could now be a threat to continued use of the drug.

One hospital had faced the problem of most antibacterial drugs consistently failing and medical staff were having to resort to gentamicin for the treatment of common infections. Reservoirs of resistance had been discovered in both human and animal bacteria, and Dr Amyes warned that any relaxation in

vigilance could result in widespread resistance before there was time to control it.

No-one would declare their use of the drug in animals and this might have had some influence on the level of resistance found in the population. Analysis of results from local farms around Edinburgh revealed that a sizeable proportion of pigs being supplied to the city carried trimethoprim-resistant bacteria.

Giving drugs through skin

Some of the research being done on skin absorption and its role in topical drug delivery systems was described by Professor Jonathan Hadgraft, Welsh School of Pharmacy, in the second Science Award lecture.

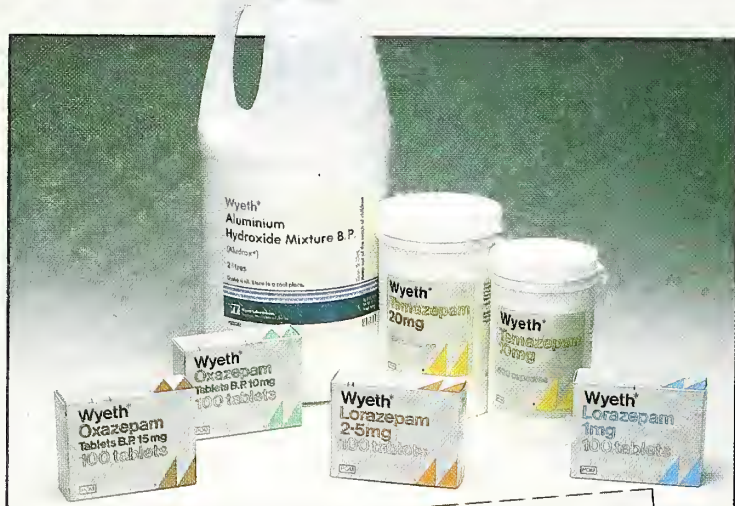
Unless a drug is highly lipid soluble, the main barrier to skin penetration is the stratum corneum, formed from about 10

layers of overlapping, flattened keratinised cells. The areas between the cells, the intercellular channels, are thought to be rich in lipids, such as cholesterol, triglycerides and sphingolipids. The exact way in which drugs pass through this layer is not clear and it is possible that both transcellular and intercellular mechanisms are important.

Penetration enhancers such as urea, dimethylsulphoxide and Azone may act by modifying the structure of the intercellular lipids. Experiments using excised human skin have shown that propylene glycol can enhance the activity of Azone in aiding the penetration of metronidazole. An explanation may be that the Azone opens up the intercellular channels, propylene glycol diffuses in and the drug is then able to diffuse through the channels which are rich in propylene glycol. However, with polyethylene glycol the flux of metronidazole is considerably reduced.

Professor Hadgraft pointed out that until more is known about how enhancers work it will be difficult to generate novel compounds with this specific action.

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Scope for pharmacists in animal medicines

Speakers at a professional session on Tuesday morning drew attention to the scope for pharmacists in animal medicines.

Mr Douglas Davidson, a community pharmacist and member of the Pharmaceutical Society's Council, said that the pet market had enormous potential for the community pharmacist, who could usually provide a service far superior to that of the local pet shop. With the increase in small animal veterinary practices in city areas, there were new openings for pharmacists to cater for pets. And with the development of more sophisticated medicines, the pet market was moving towards greater product understanding, "surely the very province of the pharmacist".

Mr Davidson reviewed the current methods of distribution of animal medicines.

Pharmacies can supply all POM medicines on a veterinary prescription and can sell all other groups of medicines subject to normal pharmacy practice requirements, eg supervision control. However under pharmacy ethics the pharmacist is required to observe any relevant codes of practice such as the merchants' code.

Merchants may supply PML products from a registered set of premises which comply with the new code of practice for merchants, and are under control of a nominated person who must be reasonably available for advice, etc.

Pharmacists and veterinary surgeons are the only sellers and suppliers allowed to offer the entire range of animal

medicines but vets are restricted to animals under their care. Many pharmacists have decided to operate as merchants because personal supervision is not required for every sale, whereas in a pharmacy even PML products require personal supervision.

Another community pharmacist, Mr Michael Reynolds, Dorset, also believed that pharmacists should be promoters of animal health. Worms and fleas were prime areas on which to concentrate, and pharmacists had an important role to play in advising the public on these complaints. He estimated that one in four UK households owned a cat or dog, so the potential for sales was obvious.

There were about 600-700,000 horses, with about half attended by vets and a considerable number kept by individuals. Every horse owner had his or her favourite horse wormer so there was little point in just stocking the odd product on the off chance, Mr Reynolds said. He thought it should be necessary for only 10-20 per cent of UK pharmacies to stock these products, but he knew of two pharmacies opposite each other in a village enjoying sufficient sales for both to benefit. It



appeared that many saddlers and pet shops which previously sold anthelmintics were no longer doing so because of Medicines Act restrictions, and he had already had comments from customers about the "fuss" when buying these items from non-pharmacy outlets.

Following on from anthelmintics it was only a small step to stock other products such as cough mixtures, hoof oil, antiseptics and liniments, the speaker continued. He believed that fly repellants provided a huge market as yet untapped; all it needed was product development.

Although of minority interest, guinea pigs, rabbits and fish occasionally needed treatment, and a whole market for pigeons had been established. The 2,500 racing clubs in the UK looked after 10 million pigeons and someone had to supply them with vaccine. Why not the pharmacist? Goats were also becoming increasingly popular, so why not become the local expert on goats? he suggested.

Mr Reynolds saw the role of the pharmacist as being complementary to that of the vet. Pharmacists could guide their customers in the prevention of problems as well as advising on treatment of minor ailments. They could actively promote their knowledge by issuing simple literature on the benefits of routine care. The Pet Health Council issued useful material, and pharmaceutical organisations could publish more of their own, for example the Ag and Vet Committee had recently issued a leaflet intended for basic education of the pet owner.

Mr Michael Jepson, department of pharmacy, University of Aston, reported on the success of the Pharmaceutical Society's diploma in agricultural and veterinary pharmacy. In the first four complete years of the course, 29 diplomas

Concluded on p468

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Responsibility to stop adverse reactions

Hospital pharmacists have just as great a responsibility for preventing adverse drug reactions as they have for ensuring that the reactions are reported, believes Mr Michael Spencer, principal pharmacist, Welsh Drug Information Centre, University Hospital of Wales.

It is now time to change the emphasis from detection to prevention, he said during a professional session on "The role of the pharmacist in the introduction of new medicines" on Tuesday morning.

While a longterm strategy should certainly include lobbying for the right for hospital pharmacists to submit yellow cards, a significant impact could be made by such pharmacists taking increased responsibility for patient monitoring. Adverse drug reaction monitoring should

be seen as an essential part of any pharmacy department claiming to operate a ward or clinical pharmacy service.

Mr Spencer discussed some of the barriers that may have prevented hospital pharmacists becoming more involved in ADR monitoring. These were lack of resources, lack of training, resistance of medical staff and reluctance of the CSM to



acknowledge that pharmacists have a contribution to make.

Looking at training needs he recommended that preregistration pharmacists should be introduced to the concept of individual patient monitoring and regional and national reporting schemes. Post-registration training should include refresher courses on ADR topics and all hospital pharmacists should have a working knowledge of the principles of drug information skills.

Liaison with other professionals such as medical and nursing staff was essential, as was collaboration with drug information services and the pharmaceutical industry.

Mr Spencer believed ADR monitoring was so important that pharmacy managers should take the lead in initiating and evaluating local schemes, backed by the Pharmaceutical Society and CSM. Detailed standards should be laid down to guide pharmacists operating a service.

Among the recommendations he made were that the pharmacy service, in conjunction with the drug information

continued on p468

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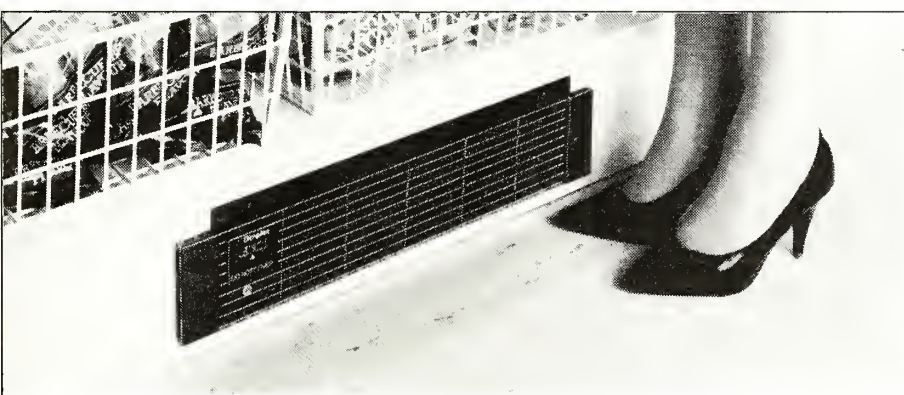
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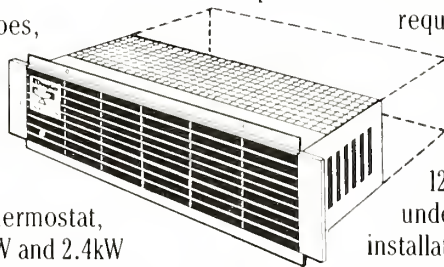
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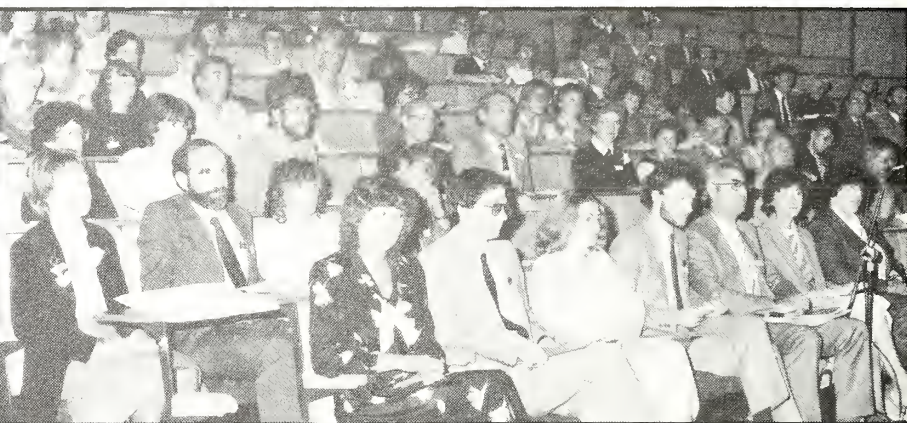
centre if applicable, should be responsible for all yellow card distribution in a hospital and for ensuring that supplies were available on each ward, clinic and other departments where adverse reactions might be noted. At ward level, individual pharmacists should identify patients who might be at increased risk from ADRs and implement monitoring procedures; likewise they should monitor drugs with an increased risk of ADRs. Pharmacists should also make sure that suspect ADRs were documented in patients' notes.

The need for evaluation

New medicines should be evaluated critically before being accepted into clinical practice and hospital pharmacists have a central role to play, said Dr James Smith, principal pharmacist, Northern regional drug information unit.

The constraints of the drug licensing system mean that only a limited judgment can be made before medicines are marketed. New products are frequently introduced with no evidence of clinical superiority over established alternatives and the clinical trials required for licensing involve too few patients to provide definitive information on toxicity. Uncommon adverse reactions and delayed effects can only be detected when relatively large numbers are exposed to the drug for long periods.

The industry's advertising expenditure is also heavily concentrated on new drugs, Dr Smith continued, with extravagant and sometimes misleading claims made. There is a danger that intense promotion of a new drug will result in an explosive growth in



Delegates listen to the presentations at the practice research session. Introducing the session, the chairman, Dr D. Hopkin Maddock said: "It is ironic that the sponsor of this afternoon's award, the *Chemist & Druggist*, is probably the only indispensable tool of the trading side of community practice, yet only two submissions have been received from this sector."

prescribing, with large numbers of patients being exposed to it before proper evaluation.

Clinical trials often have weaknesses, particularly in the numbers of patients involved and in the duration, so careful scrutiny of the evidence is needed. Uncritical prescribing may substantially increase costs without adequate evidence of benefit to patients. The Drug Information Pharmacists Group runs a collaborative scheme in which information centres undertake new drug evaluations on a rota basis, to avoid duplication.

Speaking on clinical trials, Dr Peter Noyce, district pharmaceutical officer, Hampstead and Islington Health Authorities, said hospital pharmacists have much to contribute, yet their present involvement is minimal.

They could contribute at three levels — in design, ethical considerations and with organisation and implementation, he said. They could bring to an ethical committee a scientific approach to research, a clinical appreciation and a wide knowledge of drugs and could present a balanced view of the benefits and risks of trials.

Investigator-led trials could be

particularly demanding for hospital pharmacists, who became involved in organising materials and supply arrangements. They should be involved in deciding important aspects of labelling, such as identifying contents and coding, and reliable dispensing records were also crucial. It was good practice to have a standard profile in hospital dispensaries for all trials being processed, Dr Noyce recommended, giving the name of the trialist, company involved, aims and design of the trial, background information, dispensing instructions and arrangements for further supplies.

Ag & Vet continued from p465 have been awarded; 16 participants were satisfied with the course but decided not to complete the assessment, in some cases because of business pressures. Of the 16 community pharmacists, nine recorded increases in their ag and vet work since gaining the diploma.

Mr Peter Taylor, NPA chairman, suggested the NPA could run a one-day training seminar on vet pharmacy. NPA director Mr Tim Astill undertook to look into its feasibility.

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Voltaire, rats and the PAC

I have received an unsolicited pamphlet from the Pharmacist Action Committee. Rather than argue the pros and cons at length let me remind the PAC that all the contractors had the chance to elect representatives of the Pharmaceutical Services Negotiating Committee — more than can be said for PAC.

Finally, I will quote a statement attributed to Voltaire after the French revolution — "Tis better to be ruled by one lion than by a thousand rats." Allowing for poetic licence, I cannot see the PAC in the role of the lion.

A. Jolley
Newton-le-Willows, Merseyside

Democracy?

Following my return from holiday, I read with interest the many letters from the Pharmacist Action Committee on the subject of the new contract. But I cannot allow the letter of Mr Patel (*C&D* August 10, p256) claiming that "Democracy stinks" to go unanswered.

In our area there was wide discussion before the LPC made its decision to support the new contract — and I have no doubt that the majority of pharmacists in Devon support it. If it is the case that no PAC members were consulted by their LPC members for 18 months before these discussions — why not? Why did they not take the trouble to contact their LPC members to make their views felt, or why indeed, if they felt so strongly on these matters did they not stand for their LPC — it is an option open to us all.

There can still be no argument in favour of leap-frogging. What is the motive

of the PAC?

In conclusion, I think that a membership of 600 does not give the PAC the right to claim that the majority of pharmacists, who I feel sure are in favour of rational location, are wrong.

Mike Smith
Devon LPC

Contractors silenced?

In response to his letter in *C&D*, September 7, Mr J. Patel should be asking the pharmacists at Pharmacist Action Committee meetings: "When did you last bother to contact your LPC/PSNC member?"

We are all willing to help our contractors in any possible way but cannot do so if they don't contact us about their problems. Some 99 per cent simply do not want to be bothered with pharmaceutical politics unless they are directly affected. It is hardly surprising considering the hours some of them work. If they were not as willing to work extended hours without additional payment the PSNC might well have been able to negotiate the *entree* money to finance a proper 24-hour on-call service.

P.C. Holman
Member, PSNC.

Mr Jenkins' blunderbuss

It is not entirely clear from Mr Jenkins' letter (*C&D*, September 7) what questions are still awaiting answers: he appears to be using a blunderbuss against all the perceived ills of pharmacy. Following his criticism of this company, however, he does pose two questions, and one must

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Instant suntan?

assume that they are directed at us. Let me, on that assumption, reply to them.

First, Mr Jenkins must surely be living in another world if he imagines that there are surplus profits from NHS dispensing to return to anybody: gross margins from that activity have been declining for years. Secondly it was never a very viable proposition for a pharmacy to supply dispensing doctors: now that the doctor is subject to "clawback" and requires high discounts from his supplier, supply by the local pharmacist simply wouldn't work.

Mr Jenkins also raises, once again, the hoary old complaint about Macarthy's supplying dispensing doctors: yes, we do, as do most wholesalers, though because we operate in urban areas, we do not have a very large number of such accounts. We serve the dispensing doctor simply because we are an appointed agent of the pharmaceutical manufacturer and, as such, have the responsibility of supplying his goods to all persons who are credit-worthy and are legally entitled to receive them.

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A.R. Ritchie
Chairman, Macarthy's

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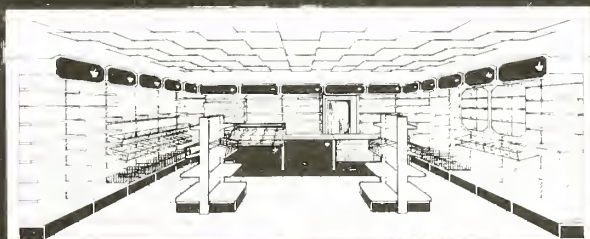
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Gx: An announcement to Retail Pharmacists.



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'Chemist' sales up and still growing

Few retail sectors can match the 13 per cent increase in pharmacy and drug stores sales over the five-year period, 1980-84, other than the largest super market chains and DIY superstores, according to a *Retail Business* report.

Its £2,555m estimate of 1984 sales includes an NHS element of up to £1,485m, up 12 per cent on '83. Figures are based on the 1982 Retail Inquiry covering both NHS and counter sales and including, where relevant, drug stores such as Medicare, Oriflame UK, Share Drug and Superdrug along with independent pharmacies and multiples such as Harry S. Allen, Booker Pharmaceuticals, Cross and Herbert, R. Gordon Drummond, E. Moss, National Co-operative Chemists and Savory and Moore.

Counter sales for chemist shops and drug stores were up 17 per cent in the first quarter of this year compared with 1984, although *Retail Business* estimates put the second quarter increase at just 13 per cent, still considerably up on the 1984 full year, 10 per cent rise to £1,070m.

The chemists' and drug stores 1984 result was three points better than miscellaneous non-food sector (+7 per cent) which includes CTNs and two points better than all non-food retailers (+8 per cent). In the five year period 1980-84, chemists' counter sales grew at 12.5 per cent a year compared to just 8.3 per cent for the whole non-food sector.

Retail Business estimates of counter sales volume puts chemists well ahead of most other retailers, up 16 per cent in 1983 and 20 per cent in 1984, a rate only matched by household shops with non-food shops well back at +17 per cent ('83) and +11 per cent ('84). Camera shops sales in 1984 were worth £470m, up 12 per cent on 1983 and two points ahead of chemists.

Consumer expenditure on scripts and other medical expenses has risen fastest since 1980. Central Statistical Office data says in 1983, £775m of pharmaceutical and medical sales were 35 per cent up on 1980 norm in value terms but with volume static. NHS payments and other medical expenses stand at £1,237m (up 81 per cent by value, or 35 per cent by volume) with toiletries and perfumes up 36 per cent in value to £1,819m (12 per cent volume).

The average chemists turnover (the

statistics include drug stores) was £178,000 per annum in 1982, up 30 per cent on '80 with gross margin down 0.4 per cent to 23.9 per cent. The chemist group took a greater share of drug, medicine and toiletries sales in 1982, up 3.2 per cent to 55.5 but their share of the photographic market fell 0.4 per cent to 6 per cent (photographic shops are up 3.4 per cent).

Boots spent more on advertising over three years, 1982-84, than any other retailer or wholesaler in the chemist/photographic sector. MEAL figures were: Boots, £9.7m, £9.3m, £6.5m; Dixons £4m, £5.9m, £8.1m; Numark, £0.3m, £0.4m, £0.5m; Image, £0.2m, £0.2m, £0.3m, and Vantage £0.1, £0.1m, £0.1m (Unichem are not quoted).

Retail Business says chemists counter sales should show a 10 per cent increase to £1,325m in 1986, with photo shops putting on 9 per cent (£575).

Chemists & drug stores retail profile, 1980 and 1982

	1980	1982	%change 1980/82
Business number	7,924	7,910	-0.2
Outlets number	11,252	11,627	3.3
Average outlets per business number	1.42	1.47	3.5
Employees '000	66	66	—
Turnover £m ^a	1,547	2,074	34
Gross margin % of sales ^b	24.3	23.9	—
Average sales per outlet £'000	137	178	30

a: Including VAT
b: Excluding VAT
Source: Retailing Inquiry, 1982.

Index of Retail Prices of Selected Chemists' Goods January 1974=100

	Medicines, surgical goods etc and toilet requisites	Soaps and detergents, sodas, polishes and other household goods	Stationery, travel and sports goods, toys, photographic and optical goods
All items			
1983 Jan 325.9	336.3	354.5	284.2
1984 Jan 342.6	350.5	371.5	295.0
1985 Jan 359.8	371.8	398.5	312.2

Source: Department of Employment.

R-V defences up as Unilever bid

Richardson-Vicks have rejected a takeover bid made by Unilever in the USA.

An offer of \$54 a share was described as "inadequate" by Richardson-Vicks, and the board has offered to buy back five million of its own shares.

Unilever, who put their 1984 total sales at \$18.8 billion, say a major part of their strategy is to strengthen the company's standing in the US. They give the total value of a merger as \$1.3 billion (£950m).

"The personal products businesses of Unilever and Richardson-Vicks fit together excellently," says a company spokesman. "Unilever is strong in branded products for the mass market sold through the grocery trade, and Richardson-Vicks has a particular strength in specialised retail outlets such as chemists."

A statement issued by the Richardson-Vicks US offices says Unilever had previously indicated that they would not pursue a hostile bid: "We will now see whether its word is good." John Scott, president and chief executive, said: "Our board is prepared to take whatever steps appropriate to protect our shareholders."

The UK arm of Richardson-Vicks has no comment regarding the resignation of Peter Warden from his post as manager of Vidal Sassoon.

Revlon make exchange offer

Revlon have started an exchange offer to buy up to 10 million shares of its common stock.

In a move to defeat the tender offer by Pantry Pride Inc (C&D, last week) the stock is to be exchanged for securities, to trade at their face value of \$57.50. This follows a conditional \$47.50 per share offer by Pantry Pride, described by Revlon as "grossly inadequate" and detrimental to the interests of the company and its shareholders."

They say the board's recommendations — that shareholders reject the supermarket chain's offer and accept the exchange — would "enhance shareholder values rather than allow Revlon's valuable assets to be acquired cheaply by a raider for his own personal benefit."

Young backed and attacked

Lord Young's Paper "Lifting the Burden" has come under attack from the TUC, while the Forum of Private Business has said it would "positively help the creation of jobs."

Moving a motion to condemn the proposals, John Ibbotson of the National Graphical Association told the TUC the document should rather be called "shifting the burden and screwing the worker." The *Financial Times* reports that Mr Ibbotson said flexibility in the labour force would mean "cutting wages and doing away with employment protection law," and called for better enforcement of employers' obligations.

Meanwhile the Forum of Private Business has welcomed Lord Young's appointment as Employment and Enterprise Secretary, and says it "must surely reflect the needs of small businesses," which make up 80 per cent of British enterprises.

The Forum hopes that "with the teeth of a Cabinet position and the weight of a full scale Government Department, Lord Young may now be able to implement the recommendations of his White Paper."

Ciba takeover

Ciba Consumer Pharmaceuticals, the health care division of Ciba-Geigy, will take over sales and marketing of Piz Buin in the UK and Eire on December 1.

CCP say they have worked closely with the current distributor, Colson & Kay, and now hope to widen distribution of the brand in the chemist sector. They put the sun care market at over £45m and say "We are poised to exploit this situation with Piz Buin."

Smith Kline lab

Taking chemical entities from the laboratory bench through process development and manufacturing to servicing clinical trials around the world is the top priority of new laboratories of Smith Kline & French in Tonbridge, Kent.

Opened on September 6 by Sir George Porter, FRS, director of the Royal Institution, the work of the laboratories will be to devise the most effective route of synthesis (picture) for Smith Kline

chemical factories around the world. The new buildings constitute phase one of the planned extensions to the site and provide 1100sq m of laboratory space and 600sq m of offices.

Phase two, involving the construction of a multi-purpose production unit, taking into account regulatory legislation coming into force in the USA, UK and Europe in the next five to ten years, is expected to be completed in 1988.

Index up 16pc

The Department of Trade & Industry's July retail sales index (1980 = 100) shows a year-on-year rise of 16 per cent to 208 for dispensing chemists.

COMING EVENTS

PSNI dinner for Desmond Lewis

The Council of the Pharmaceutical Society of Northern Ireland are holding an informal dinner at the Chimney Corner Inn, Newtownabbey on Friday, October 18 1985 to mark the retirement of Mr Desmond Lewis as secretary and registrar of the Pharmaceutical Society of Great Britain. Members wishing to attend should contact 73 University Street, Belfast, (tel 226927) as soon as possible for further details.

NI workshops

The subcommittee on post-qualification education and training in Northern Ireland's. Michaelmas term programme includes a number of workshops and a symposium for which prior booking is essential.

These comprise: an all-day "Antibacterial chemotherapy" workshop on September 26 at the Deerpark Hotel, Antrim; A "Surgical dressings symposium" on October 31 at the PSNI's headquarters; evening workshops on "Bronchodilator therapy" on November 4 in Londonderry, 12 in Coleraine, 19 in Craigavon, 26 in Omagh, and December 4 in Belfast; and an all-day "Research design and methodology workshop on December 12 at the Beechlawn Hotel in Dunmurry. Full details from Norman Morrow (tel 0232 650111).

A series of evening meetings has also been arranged for Tuesdays in October at

ANA data scan

The Article Numbering Association has launched a national data scanning service to provide four-weekly reports to manufacturers, chiefly in the grocery market.

Using information from 35 major stores, around the country, the service, operated by market researchers A.C. Nielsen, offers weekly sales data allowing consumer products manufacturers to rapidly evaluate how their marketing and promotional activities affect sales. It costs £30-£35 a week per product category.

Nielsen have also launched a data scanning service — Scantrack '86. Their reports, at around £100 per product group per week, give competitive data.

the medical biology centre, Lisburn Road, Belfast. Details in the Coming Events diary.

Advance information

Industrial Pharmacists Group. Pharmaceutical Society. PSGB headquarters, 9.30am October 8, "Current developments in clinical trials." Registration fee (includes coffee, lunch and tea) £15 for members, PSGB members and preregistration students and £30 for non-members. Details from Mr R.E. Marshall at the Society, 1 Lambeth High Street, London SE1 7JN.

Barclays Techmart Exhibition. National Exhibition Centre, October 22-25. Pharmaceutical research will be a feature. Details from Richard Bull, Exhibitions and Events Division NEC (tel 021-780 4171).

World Ski Cup for Pharmacists. Villars-sur-Ollon, Switzerland, March 15-21, 1986. Slalom events for all age groups, held concurrently with the World Ski Cup for Doctors. Details from Madame Dominique Lecaillon, 15 Rue Armonville, 51100 Reims, France.

Monday, September 16

Plymouth and District Branch. Pharmaceutical Society. Board Room, Derriford Hospital at 8pm. Alan Yardley, district dental officer, on "Dental care and dental products." **Mid Glamorgan East Branch. Pharmaceutical Society.** The Globe Hotel, Pontypridd at 8pm. Social Evening with cheese and wine.

Tuesday, September 17

N.E. Thames regional study group. Claybury Hall, Claybury Hospital, Woodford Green at 7.30pm. "Patient medication records", "Professional misconduct" and "College at conference".

Wednesday, September 18

North Metropolitan Branch. National Pharmaceutical Association. post-graduate medical centre, Barnet General Hospital at 8pm. Mr T.P. Astill, director, on "Current affairs in pharmacy."

Thursday, September 19

Bedfordshire Branch. Pharmaceutical Society. medical centre, Luton and Dunstable Hospital, at 8pm. Mrs A. Johnston, community nursing officer, on "The role of the community nurse."

Dundee & Eastern Scottish Branch. Pharmaceutical Society. lecture theatre 3, Ninewells Medical School, at 7.30pm. Dr E. Brookes, regional director, on "Recent developments in the blood transfusion service."

Weald of Kent Branch. Pharmaceutical Society. postgraduate centre, Kent & Sussex Hospital, Tunbridge Wells, at 8.00pm. Alan Smith, chief executive, Pharmaceutical Services Negotiating Committee, reporting on "The new contract."

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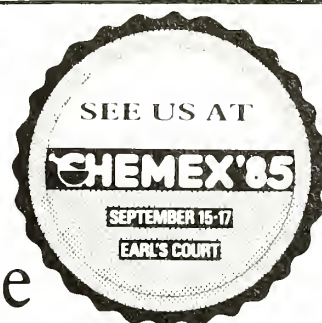
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Staff moves at C&D

Robert Darracott has been appointed *Chemist & Druggist's* Technical Reporter. His place as Editorial Assistant is taken by Nia Williams.

Rob joined *C&D* after working in hospital pharmacy for three years. He graduated from Nottingham University.

Nia took a journalism course in Darlington after graduating in history from Exeter University.

Jonathon Bobbet takes over as Art Editor from Jack Parker who will continue to have an involvement in *C&D's* design.

Biking bid

Jeff Holloway, a pharmacist from Romsey, is a spokesman for the district's Round Table in more than one sense. He is one of eleven sponsored cyclists making their way to Paris as part of a campaign to raise £10,000 for Romsey Hospital.

The GP cottage hospital was threatened with closure some years ago, but the Romsey Rotary Club spearheaded a programme to raise local funds. This led to an extension being built, and now the target is to buy a new operating table and infant resuscitator.

Charity events have already raised over £4,000 this year and the cycle ride is backed by local businesses including Saxon Cycles, who donated two racing bikes to be ridden and auctioned. Townsend-Thoreson have offered free passage across the Channel.

"The townspeople have taken this project to their hearts" says Mr Holloway, who is also the Round Table's public relations officer. "We're so confident of reaching the target that we've decided to order the operating table from the manufacturers."

Two-in-one to be one again?

The owner of the two-in-one pharmacy in Highcliffe, Dorset, Mr Mike Reynolds, says that when the new contract Regulations come in, he will apply for compensation for giving up his second contract. The saga continues...



Mark Howells of Southend is congratulated on winning the Macarthy's-sponsored golf competition. Jim Canning, the company's sales and marketing director, presented the prize. The match was played at the Royal Worlington and Newmarket golf course — known by some as the "best nine-hole course in the world"

Grant chance

The National Pharmaceutical Association is inviting applications for two practice research grants, each worth £500. The awards will support research into aspects of community practice.

Prospective applicants must be pharmacist proprietors of NPA registered pharmacies, or directors of an NPA member company. Pre-registration and employee pharmacists employed by NPA members are also eligible with consent from their employer.

Application forms are available on request from the NPA (tel 0727 32161 ex 231). The closing date for applications is December 20.

One of the grants — the Harold Moss Award, is supported by E. Moss Ltd, in memory of their late chairman.

Catchy tune

Our attention has been drawn to a short story from *The Sun* last Friday.

Under the heading "When Irish Eyes are aspirin!", the paper reports the tale of a 70 year old woman from Minneapolis who was troubled by the song "When Irish Eyes are Smiling" which apparently kept running over and over in her head.

According to *The Sun*, she solved the problem by cutting back her daily aspirin intake from 12 to 6. There's not a lot of people know that...

Tim Astill's Jumbo saga

The latest state of airline disasters took a new twist when the new Canada jumbo carrying pharmacist delegates back from the FIP Conference in Montreal caught fire shortly after take off. Tim Astill, NPA chairman, who was returning on the flight along with other luminaries, described it as a "most alarming experience." After cruising for 10 minutes the pilot made an emergency landing and the air craft rolled to a halt. The brakes had over-heated, and the plane ended up surrounded by fire tenders. "We all got out pretty damn quick" said Mr Astill. There were no casualties.

APPOINTMENT

Haffenden Moulding Company: Doug Carter — previously with Autonomis Ltd — becomes managing director. Alan Gill becomes works director, after working with Gerrard Industries for 17 years, and Alan Peach joins as sales and marketing director.

Unichem: Charles Michie, MPS, has been appointed to the Scottish Regional Committee. Mr Michie, of Milltimber, Aberdeen, is a partner in the family business of four pharmacies and director of a consortium-run health centre pharmacy. He is also director of a perfumery.

Britannia Pharmaceuticals: Maxwell Noble has been appointed marketing director. Mr Noble, previously with Smith & Nephew and Schwarz Pharmaceuticals, will hold a seat on the board of directors and have overall responsibility for Britannia Health Products. He replaces Ian Fogg who has left to form his own company, Network Selection Ltd.

Lucyna Sloane becomes marketing manager.

DEATH

Trenhaile: Fernleigh Trenhaile of Hartley Vale, Plymouth. Mr Trenhaile qualified in 1929 and spent most of his career as a pharmacist at R.N. hospitals. He became a chief pharmacist and was attached to the Devonport base.



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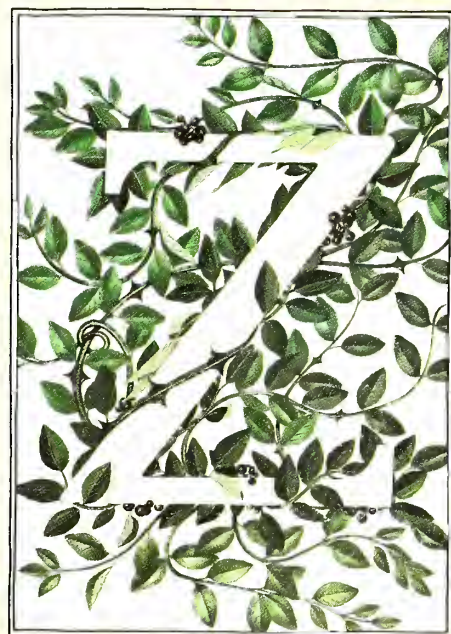
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